

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	Unique Recycling Corporation of California	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names		
3. Debtor's federal Employer Identification Number (EIN)	68-0169521	
4. Debtor's address	Principal place of business 1051 Broadway, Suite E Sonoma, CA 95476 Number, Street, City, State & ZIP Code Sonoma County	Mailing address, if different from principal place of business P. O. Box 360 Sonoma, CA 95476 P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL)		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify:	

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?**Check one:**

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. **Check all that apply:**

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☐ 1-49☐ 50-99☒ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☒ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor Unique Recycling Corporation of California
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 31, 2016
MM / DD / YYYY

X /s/ Tommy DeHennis
Signature of authorized representative of debtor

Title Vice President

Tommy DeHennis
Printed name

18. Signature of attorney

X /s/ Michael C. Fallon
Signature of attorney for debtor

Date **May 31, 2016**
MM / DD / YYYY

Michael C. Fallon
Printed name

Fallon & Fallon
Firm name

**100 E Street, Suite 219
Santa Rosa, CA 95404**
Number, Street, City, State & ZIP Code

Contact phone (707) 546-6770 Email address mcfallon@fallonlaw.net

088313
Bar number and State

Fill in this information to identify the case:

Debtor name Unique Recycling Corporation of California

United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 31, 2016

X /s/ Tommy DeHennis

Signature of individual signing on behalf of debtor

Tommy DeHennis

Printed name

Vice President

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Unique Recycling Corporation of California**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF CALIFORNIA**

Case number (if known): _____

☐ Check if this is an
amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
ARCO Business Solutions P. O. Box 70887 Charlotte, NC 28272-0887		Business Expense				\$13,195.78
Capital Store Fixtures 4220 Pell Drive, Suite C Sacramento, CA 95938		Business Expense				\$4,187.82
DeHennis Designs LLC 110 Outcrop View Lane Austin, TX 78738		Business Expense				\$9,670.37
Gone for Good UCP of North Bank Attn: Mailer Program 3835 Cypress Dr., Suite 103 Petaluma, CA 94954		Business Expense				\$952,535.02
Heritage Security & Investigation, Inc. P. O. Box 99 Winton, CA 95388		Business Expense				\$3,168.00
ILD's Signs Co. 5813 East Harvard Avenue Fresno, CA 93727		Business Expense				\$4,042.18
JLO Royal Floors P. O. Box 3356 Fairfield, CA 94533		Business Expense				\$2,722.88
Kaiser Foundation File 5915 Los Angeles, CA 90074-5915		Business Expense				\$5,791.30

Debtor **Unique Recycling Corporation of California**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Littler Mendelson PC P. O. Box 45547 San Francisco, CA 94145-0547		Business Expense				\$6,149.46
Monument Security Inc. 4926-43rd St McClellan, CA 95652		Business Expense				\$2,897.25
PG&E P.O. Box 997300 Sacramento, CA 95899-7300		Business Expense				\$2,858.65
PG&E P.O. Box 997300 Sacramento, CA 95899-7300		Utilities				\$2,594.65
Recology - Vallejo P. O. Box 60759 Los Angeles, CA 90060-0759		Business Expense				\$2,842.15
Sprint PO Box 4181 Carol Stream, IL 60197-4181		Business Expense				\$2,802.96
UCP North Bay (Pick Ups) 3835 Cypress Drive, Suite 103 Petaluma, CA 94954		Business Expense				\$3,407.50
UCP of Central California 4224 N. Cedar Abenue Fresno, CA 93726-3700		Business Expense				\$3,640.59
UCP of Sacramento & N. CA Attn: Doug Berman 4350 Auburn Blvd. Sacramento, CA 95841		Business Expense				\$6,390.00
Uline Attn: Accounts Receivable 2200 S. Lakeside Drive Waukegan, IL 60085		Business Expense				\$3,031.61
Wells Fargo Financial P.O. Box 98789 Las Vegas, NV 89193				\$87,201.53	\$0.00	\$87,201.53

Debtor **Unique Recycling Corporation of California**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Zenith Ins. Company File 50004 Los Angeles, CA 90074-0004		Business Expense				\$40,276.00

Fill in this information to identify the case:Debtor name **Unique Recycling Corporation of California**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 580,064.20
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 580,064.20

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 308,066.53
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 0.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 1,116,141.12
4. Total liabilities Lines 2 + 3a + 3b	\$ 1,424,207.65

Fill in this information to identify the case:Debtor name **Unique Recycling Corporation of California**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Wells Fargo Operating Account****Checking****8978****\$28,948.10**3.2. **Wells Fargo Payroll Account****Checking****5848****\$868.87**3.3. **Wells Fargo Depository Account****Checking****8986****\$20,950.23****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$50,767.20**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. **The Western Shore Company - 1305 Water Street Santa Cruz Deposit**
c/o Law Offices of Anna DiBenedetto
365 Lake Avenue, Suite B

\$15,000.00

Debtor Unique Recycling Corporation of California
Name

Case number (If known) _____

Santa Cruz 95062

7.2. Robert Flahive - 1051 Broadway
1051 Broadway
Sonoma, CA 95476 \$1,250.00

7.3. Dress Neitling - Deposit Yuba City
P.O. Box 387
Yuba City, CA 95592 \$5,200.00

7.4. 1st Generation - Deposit Woodland
4804 Mission Street, Suite 222
San Francisco \$7,504.00

7.5. R Shannon - Merced Deposit
9812 Rodden Road
Oakdale, CA 95361 \$5,500.00

7.6. R Shannon - Madera Deposit
9812 Rodden Road
Oakdale, CA 95361 \$4,000.00

7.7. O'Brien Properties - Vallejo - Deposit
P.O. Box 411450
San Francisco, CA 94141-1450 \$9,000.00

7.8. R Shannon - Fresno Deposit
9812 Rodden Road
Oakdale, CA 95361 \$5,500.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$52,954.00

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 11,710.00 - 0.00 = \$11,710.00
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 60,551.00 - 0.00 = \$60,551.00
face amount doubtful or uncollectible accounts

Debtor Unique Recycling Corporation of California
Name

Case number (If known) _____

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$72,261.00

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
	Inventory				
	1305 Water Street, Santa Cruz		\$0.00	Replacement	\$52,898.00
	Inventory				
	2300 N Texas Street, Fairfield		\$0.00	Replacement	\$41,730.00
	Inventory				
	1472 Bridge Street, Yuba City		\$0.00	Replacement	\$49,774.00

22. **Other inventory or supplies**

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$144,402.00

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.

Debtor Unique Recycling Corporation of California
Name

Case number (If known) _____

☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software See Attached List	\$0.00		\$14,535.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**
Add lines 39 through 42. Copy the total to line 86.

\$14,535.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	2006 Chevrolet Express Cutaway G350 #4463 221 F Street, Fresno	\$0.00		\$1,000.00
47.2.	2008 Chevrolet Express Cutaway G350 #4030 2630 Napa Road, Sonoma	\$0.00		\$1,000.00
47.3.	2008 Chevrolet 1500 #4741 988 Monterey Street, Madera	\$0.00		\$1,000.00

Debtor	Unique Recycling Corporation of California Name	Case number (If known)	
47.4.	2008 Chevrolet Cutaway G350 #5164 1305 Water Street, Santa Cruz	\$0.00	\$1,000.00
47.5.	2008 Chevrolet Cutaway G350 #1886 1305 Water Street, Santa Cruz	\$0.00	\$1,000.00
47.6.	2009 Chevrolet Cutaway G350 #7439 1305 Water Street, Santa Cruz	\$0.00	\$1,000.00
47.7.	2009 Chevrolet Cutaway G350 #5572 5044 Peabody Road, Fairfield	\$0.00	\$1,000.00
47.8.	2011 Chevrolet Express Cutaway G350 #4198 2630 Napa Road, Sonoma	\$0.00	\$2,835.00
47.9.	2011 Chevrolet Express Cutaway G350 #7707 2630 Napa Road, Sonoma	\$0.00	\$2,865.00
47.10	2013 Chevrolet Express Truck #9129 2630 Napa Road, Sonoma	\$0.00	\$20,168.00
47.11	2015 Chevrolet Express Truck #5740 1472 Bridge Street, Yuba City	\$0.00	\$32,658.00
47.12	2013 Chevrolet Truck 3500 #6400 1472 Bridge Street, Yuba City	\$0.00	\$15,235.00
47.13	2014 Chevrolet Silverado #8438 988 Monterey Street, Madera	\$0.00	\$17,325.00
47.14	2015 Chevrolet Express #4192 5044 Peabody, Fairfield	\$0.00	\$31,426.00
47.15	2014 Chevrolet Express Truck #0700 106 West Main, Woodland	\$0.00	\$31,269.00
47.16	2015 Chevrolet Express Truck #8269 5044 Peabody, Fairfield	\$0.00	\$35,038.00
47.17	2015 Chevrolet Express Truck #8525 106 West Main, Woodland	\$0.00	\$31,526.00
47.18	2005 Forklift #3070 3274 Sonoma Blvd, Vallejo	\$0.00	\$1,500.00

Debtor Unique Recycling Corporation of California
Name

Case number (If known) _____

47.19	1999 Utility Trailer #6106 5044 Peabody Road, Fairfield	\$0.00	\$1,000.00
47.20	1999 Utility Trailer MFG #6103 5044 Peabody Road, Fairfield	\$0.00	\$1,000.00
47.21	1988 Fruehauf Trailer #5705 1346 W. Main, Merced	\$0.00	\$500.00
47.22	1999 Utility Trailer MFG #5017 5044 Peabody, Fairfield	\$0.00	\$500.00
47.23	1999 Utility Trailer MFG #6913 5044 Peabody Road, Fairfield	\$0.00	\$500.00
47.24	1997 Great Dane Trailer No 7802 5044 Peabody Road, Fairfield	\$0.00	\$500.00
47.25	2005 GMC W4500 #1551 5044 Peabody Road, Fairfield	\$0.00	\$1,000.00
47.26	2001 Haulmark Trailer #3061 639 Third Street, Sonoma	\$0.00	\$1,000.00

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$234,845.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No

☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Debtor Unique Recycling Corporation of California
Name

Case number (If known) _____

Description and location of property

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

Nature and extent of debtor's interest in property

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

55.1. **Commercial property, 1301-1305 Water Street, Santa Cruz, California**

Leasehold

\$0.00

\$0.00

55.2. **Commercial building, 1472 Bridge Street, Yuba City**

Leasehold

\$0.00

\$0.00

55.3. **Commercial lease, 2300 North Texas Street, Fairfield, CA**

Leasehold

\$0.00

\$0.00

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$0.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☒ No

☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.

☒ Yes Fill in the information below.

General description

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

60. **Patents, copyrights, trademarks, and trade secrets**

61. **Internet domain names and websites**
Thriftcenters.com

\$0.00

\$0.00

urcca.com

\$0.00

\$0.00

62. **Licenses, franchises, and royalties**

63. **Customer lists, mailing lists, or other compilations**

64. **Other intangibles, or intellectual property**

65. **Goodwill**

Debtor Unique Recycling Corporation of California
Name

Case number (If known) _____

See Attached List

\$108,000.00

\$10,300.00

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$10,300.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

☒ No

☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No

☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor Unique Recycling Corporation of California
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$50,767.20</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$52,954.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$72,261.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$144,402.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$14,535.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$234,845.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$10,300.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$580,064.20</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$580,064.20</u>

Fixed Asset Record with Straight Line Depreciation														
Asset No.	Asset Name	Location	Asset Class	Acquisition Date	Acquisition Cost	Est Useful Life (Years)	Orig Dep Method	Depreciation @ 12/31/13	Net Value @ 12/31/13	2014 Depreciation	Net Value @ 12/31/14	2015 Depreciation	Net Value @ 12/31/15	Total Depreciation
n/a	Fully Depreciated		Vehicles	1/1/90	176,658	n/a	n/a	\$ 176,658	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 176,658
n/a	Fully Depreciated		Equipment	1/1/90	112,282	n/a	n/a	\$ 112,282	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 112,282
n/a	Fully Depreciated		Leasehold Imp	1/1/90	4,647	n/a	n/a	\$ 4,647	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,647
1	Leasehold Imp (Del Paso)	Del Paso	Leasehold Imp	9/1/91	1,669	31	MM S/L	\$ 933	\$ 736	324	\$ 412	\$ 412	\$ -	\$ 1,669
2	Leasehold Imp (Del Paso)	Del Paso	Leasehold Imp	10/1/91	368	31	MM S/L	\$ 203	\$ 165	73	\$ 92	\$ 92	\$ -	\$ 368
3	Leasehold Imp (Del Paso)	Del Paso	Leasehold Imp	11/1/91	800	31	MM S/L	\$ 443	\$ 357	155	\$ 202	\$ 202	\$ -	\$ 800
81	Leasehold Imp (Del Paso)	Del Paso	Leasehold Imp	12/1/91	1,200	31	MM S/L	\$ 662	\$ 538	232	\$ 306	\$ 306	\$ -	\$ 1,200
82	Leasehold Imp (Del Paso)	Del Paso	Leasehold Imp	3/1/92	3,000	31	MM S/L	\$ 1,635	\$ 1,365	576	\$ 789	\$ 789	\$ -	\$ 3,000
83	Leasehold Imp (Del Paso)	Del Paso	Leasehold Imp	4/1/92	2,290	31	MM S/L	\$ 1,241	\$ 1,049	885	\$ 164	\$ 164	\$ -	\$ 2,290
84	Leasehold Imp (Del Paso)	Del Paso	Leasehold Imp	5/1/92	335	31	MM S/L	\$ 178	\$ 157	67	\$ 90	\$ 90	\$ -	\$ 335
90	Carpets-Santa Cruz	Santa Cruz	Leasehold Imp	10/31/99	3,000	15	HY S/L	\$ 3,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,000
96	Leasehold Imp		Leasehold Imp	7/1/00	1,000	39	MO S/L	\$ 345	\$ 655	27	\$ 628	\$ 26	\$ 602	\$ 398
100	Telephone & Lease Int		Leasehold Imp	7/1/00	7,000	15	MO S/L	\$ 6,837	\$ 163	163	\$ -	\$ -	\$ -	\$ 7,000
114	Leasehold Imp (Stockton)	Stockton	Leasehold Imp	7/1/03	5,000	39	MO S/L	\$ 1,341	\$ 3,659	3,659	\$ -	\$ -	\$ -	\$ 5,000
137	Leasehold - Del Paso	Del Paso	Leasehold Imp	7/1/05	10,000	15	HY S/L	\$ 5,667	\$ 4,333	671	\$ 3,662	\$ 3,662	\$ -	\$ 10,000
192	Carpets-Santa Cruz	Santa Cruz	Leasehold Imp	6/1/10	7,085	15	HY S/L	\$ 4,369	\$ 2,716	2,716	\$ -	\$ -	\$ -	\$ 7,085
193	Tenant Improvements - Van Meter	Santa Cruz	Leasehold Imp	5/1/15	21,752	15	MO S/L	\$ -	\$ -	\$ -	\$ -	\$ 846	\$ 20,906	\$ 846
155	Signs		Equipment	12/15/07	812	15	HY S/L	\$ 352	\$ 460	54	\$ 406	\$ 54	\$ 352	\$ 460
206	Computer (Deedra)	Chico	Equipment	7/25/13	932	5	MQ200DB	\$ 536	\$ 396	186	\$ 210	\$ 186	\$ 23	\$ 909
208a	Racks & Grids	Fairfield	Equipment	6/10/14	454	5	MO S/L	\$ -	\$ -	53	\$ 401	\$ 91	\$ 310	\$ 144
208b	Racks & Grids	Vallejo	Equipment	6/10/14	330	5	MO S/L	\$ -	\$ -	38	\$ 291	\$ 66	\$ 225	\$ 104
208c	Racks & Grids	Del Paso	Equipment	6/10/14	145	5	MO S/L	\$ -	\$ -	12	\$ 133	\$ 29	\$ 104	\$ 41
208d	Racks & Grids	Fresno	Equipment	6/10/14	85	5	MO S/L	\$ -	\$ -	10	\$ 75	\$ 17	\$ 58	\$ 27
208e	Racks & Grids	Merced	Equipment	6/10/14	85	5	MO S/L	\$ -	\$ -	10	\$ 75	\$ 17	\$ 58	\$ 27
209	IT - Best Buy	Admin	Equipment	6/25/14	1,133	3	MO S/L	\$ -	\$ -	195	\$ 938	\$ 378	\$ 560	\$ 573
210	IT - I Pads for Mgrs	Admin	Equipment	7/15/14	3,600	3	MO S/L	\$ -	\$ -	556	\$ 3,044	\$ 1,200	\$ 1,844	\$ 1,756
211	IT - Communications	Admin	Equipment	8/31/14	2,140	3	MO S/L	\$ -	\$ -	239	\$ 1,901	\$ 713	\$ 1,188	\$ 952
240	42" Folding Rounder (15@\$84.63)	Santa Cruz	Equipment	5/1/15	1,269	5	MO S/L	\$ -	\$ -	-	\$ -	\$ 148	\$ 1,121	\$ 148
241	60" 2 Bar Double Rail Rack 48-72 (21@\$92.23)	Santa Cruz	Equipment	5/1/15	1,937	5	MO S/L	\$ -	\$ -	-	\$ -	\$ 226	\$ 1,711	\$ 226
242	Register Stand Boxed(2@\$144.85)	Santa Cruz	Equipment	5/1/15	290	5	MO S/L	\$ -	\$ -	-	\$ -	\$ 34	\$ 256	\$ 34
243	Full Vision Showcase Boxed (2@\$289.70)	Santa Cruz	Equipment	5/1/15	579	5	MO S/L	\$ -	\$ -	-	\$ -	\$ 68	\$ 512	\$ 68
244	ADA Counter 34x20x36 (2@\$337.98)	Santa Cruz	Equipment	5/1/15	676	5	MO S/L	\$ -	\$ -	-	\$ -	\$ 79	\$ 597	\$ 79
245	Chrome Rack Topper 50x22x3 (20@\$39.06)	Santa Cruz	Equipment	5/1/15	781	5	MO S/L	\$ -	\$ -	-	\$ -	\$ 91	\$ 690	\$ 91
246	White Poly Pant Hanger 14" (9@\$50.50)	Santa Cruz	Equipment	5/1/15	455	5	MO S/L	\$ -	\$ -	-	\$ -	\$ 53	\$ 402	\$ 53
247	White Pant Hanger Swivel H/C (6@\$50.50)	Santa Cruz	Equipment	5/1/15	303	5	MO S/L	\$ -	\$ -	-	\$ -	\$ 35	\$ 268	\$ 35
248	White Poly Pant Hanger 14" (10@\$47.74)	Santa Cruz	Equipment	5/1/15	477	5	MO S/L	\$ -	\$ -	-	\$ -	\$ 56	\$ 422	\$ 56
250	Cherry Desks (5@\$363.80)	Sonoma	Equipment	8/1/15	1,819	5	MO S/L	\$ -	\$ -	-	\$ -	\$ 152	\$ 1,667	\$ 152
251	Cherry Bookcases (3@\$177.22)	Sonoma	Equipment	8/1/15	532	5	MO S/L	\$ -	\$ -	-	\$ -	\$ 44	\$ 487	\$ 44
252	Wood Lateral File Cabinet (1@\$190.98)	Sonoma	Equipment	8/1/15	191	5	MO S/L	\$ -	\$ -	-	\$ -	\$ 16	\$ 175	\$ 16
253	Office Leather Chair (1@\$271.86)	Sonoma	Equipment	8/1/15	272	5	MO S/L	\$ -	\$ -	-	\$ -	\$ 23	\$ 249	\$ 23
254	3-Drawer Black Metal File Cabinets (2@\$685.11)	Sonoma	Equipment	8/1/15	1,370	5	MO S/L	\$ -	\$ -	-	\$ -	\$ 114	\$ 1,256	\$ 114

Fixed Asset Record with Straight Line Depreciation												
Asset No.	Asset Name	Asset Class	Acquisition Date	Acquisition Cost	Estimated Useful Life (Years)	Dep Method	Depreciation at 12/31/13	Value at 12/31/13	2014 Depreciation	Value at 12/31/14	2015 Depreciation	Value at 12/31/15
126	Goodwill	Goodwill	8/1/04	\$ 18,000	15	MO Amort	\$ 11,300	\$ 6,700	\$ 1,200	\$ 5,500	\$ 1,200	\$ 4,300
127	Goodwill	Goodwill	7/15/03	\$ 15,000	15	MO Amort	\$ 10,000	\$ 5,000	\$ 1,000	\$ 4,000	\$ 1,000	\$ 3,000
128	Goodwill	Goodwill	7/15/02	\$ 15,000	15	MO Amort	\$ 10,000	\$ 5,000	\$ 1,000	\$ 4,000	\$ 1,000	\$ 3,000
135	Goodwill Del Paso	Goodwill	7/1/05	\$ 60,000	15	MO Amort	\$ 34,000	\$ 26,000	\$ 4,000	\$ 22,000	\$ 22,000	\$ -
TOTAL				\$ 108,000			\$ 65,300	\$ 42,700	\$ 7,200	\$ 35,500	\$ 25,200	\$ 10,300

Fill in this information to identify the case:Debtor name **Unique Recycling Corporation of California**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1	Ally Financial Creditor's Name P. O. Box 380902 Minneapolis, MN 55438 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number 0324 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien 2006 Chevrolet Express Cutaway G350 #4463 221 F Street, Fresno Describe the lien Car Loan Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$520.00 \$1,000.00

2.2	Ally Financial Creditor's Name P. O. Box 380902 Minneapolis, MN 55438 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien 2011 Chevrolet Express Cutaway G350 #4198 2630 Napa Road, Sonoma Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$2,835.00 \$2,835.00
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Debtor **Unique Recycling Corporation of California**
Name

Case number (if know)

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

2.3 Ally Financial

Creditor's Name

**P. O. Box 380902
Minneapolis, MN 55438**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Do multiple creditors have an
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

**2011 Chevrolet Express Cutaway G350 #7707
2630 Napa Road, Sonoma**

\$2,865.00

\$2,865.00

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.4 Ally Financial

Creditor's Name

**P. O. Box 380902
Minneapolis, MN 55438**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Do multiple creditors have an
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

**2013 Chevrolet Truck 3500 #6400
1472 Bridge Street, Yuba City**

\$15,235.00

\$15,235.00

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.5 Ally Financial

Creditor's Name

**P. O. Box 380902
Minneapolis, MN 55438**

Creditor's mailing address

Creditor's email address, if known

Describe debtor's property that is subject to a lien

**2014 Chevrolet Express Truck #0700
106 West Main, Woodland**

\$31,269.00

\$31,269.00

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

Date debt was incurred

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.6

Wells Fargo Dealer Services

Creditor's Name

**P. O. Box 25341
Santa Ana, CA 92799-5341**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

0505

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**2014 Chevrolet Silverado #8438
988 Monterey Street, Madera****\$17,325.00****\$17,325.00**

Describe the lien

Car Loan

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.7

Wells Fargo Dealer Services

Creditor's Name

**P. O. Box 25341
Santa Ana, CA 92799-5341**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

9279

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**2015 Chevrolet Express #4192
5044 Peabody, Fairfield****\$31,426.00****\$31,426.00**

Describe the lien

Car Loan

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.8

Wells Fargo Dealer Services

Describe debtor's property that is subject to a lien

\$31,526.00**\$31,526.00**

Creditor's Name

**P. O. Box 25341
Santa Ana, CA 92799-5341**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**Last 4 digits of account number
5695**

**Do multiple creditors have an
interest in the same property?**

☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

**2015 Chevrolet Express Truck #8525
106 West Main, Woodland**

Describe the lien

Car Loan

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.9

**Wells Fargo Dealer
Services**

Creditor's Name

**P. O. Box 25341
Santa Ana, CA 92799-5341**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Do multiple creditors have an
interest in the same property?**

☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

**2013 Chevrolet Express Truck #9129
2630 Napa Road, Sonoma**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

\$20,168.00

\$20,168.00

2.1
0

**Wells Fargo Dealer
Services**

Creditor's Name

**P. O. Box 25341
Santa Ana, CA 92799-5341**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe debtor's property that is subject to a lien

**2015 Chevrolet Express Truck #5740
1472 Bridge Street, Yuba City**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

\$32,658.00

\$32,658.00

Debtor **Unique Recycling Corporation of California**
Name

Case number (if know)

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

- Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.1 Wells Fargo Dealer Services

Creditor's Name

**P. O. Box 25341
Santa Ana, CA 92799-5341**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**2015 Chevrolet Express Truck #8269
5044 Peabody, Fairfield**

\$35,038.00

\$35,038.00

Describe the lien

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

- Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.1 Wells Fargo Financial

Creditor's Name

**P.O. Box 98789
Las Vegas, NV 89193**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**Last 4 digits of account number
6027**

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$87,201.53

\$0.00

Describe the lien

Line of Credit

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

- Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$308,066.53

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Debtor **Unique Recycling Corporation of California**
Name

Case number (if know) _____

Name and address

On which line in Part 1 did
you enter the related creditor?

Last 4 digits of
account number for
this entity

Fill in this information to identify the case:Debtor name **Unique Recycling Corporation of California**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.☐ Yes. Go to line 2.**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Alarmtech - Vallejo 20 Commerce Place, Suite A Vacaville, CA 95687 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$40.00
3.2	Nonpriority creditor's name and mailing address Alarmtech - Woodland Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$40.00
3.3	Nonpriority creditor's name and mailing address ARCO Business Solutions P. O. Box 70887 Charlotte, NC 28272-0887 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$13,195.78
3.4	Nonpriority creditor's name and mailing address AT&T 6378 Perry P. O. Box 5025 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$45.09

Debtor **Unique Recycling Corporation of California**
Name

Case number (if known)

3.5	Nonpriority creditor's name and mailing address AT&T 6638 VA P. O. Box 5025 Carol Stream, IL 60197-5025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$222.44
3.6	Nonpriority creditor's name and mailing address AT&T 9010 WO P. O. Box 5025 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$391.93
3.7	Nonpriority creditor's name and mailing address AT&T Uverse 0535 WO P. O. Box 5014 Carol Stream, IL 60197-5014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55.00
3.8	Nonpriority creditor's name and mailing address AT&T Uverse 8437 VA P. O. Box 5014 Carol Stream, IL 60197-5014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88.00
3.9	Nonpriority creditor's name and mailing address Bay Alarm - Chico 142566 P. O. Box 7137 San Francisco, CA 94120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$333.00
3.10	Nonpriority creditor's name and mailing address Bay Alarm - Merced 1598742 San Francisco, CA 94120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$269.91
3.11	Nonpriority creditor's name and mailing address Bob's Window Cleaning 1380 East Avenue, Suite 124 Box 163 Chico, CA 95973 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00

Debtor **Unique Recycling Corporation of California**
Name

Case number (if known)

3.12	Nonpriority creditor's name and mailing address California Water Service Company P. O. Box 940001 San Jose, CA 95194-0001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$611.43
3.13	Nonpriority creditor's name and mailing address Capital Store Fixtures 4220 Pell Drive, Suite C Sacramento, CA 95938 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,187.82
3.14	Nonpriority creditor's name and mailing address Chico News and Review 353 E. Second Street Chico, CA 95928 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$486.00
3.15	Nonpriority creditor's name and mailing address City of Fresno P. O. Box 2069 Fresno, CA 93718 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.18
3.16	Nonpriority creditor's name and mailing address City of Merced Finance Department 678 West 18th Street, Dept UB Merced, CA 95340 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$511.03
3.17	Nonpriority creditor's name and mailing address City of Vallejo - False Alarm Program P. O. Box 742536 Los Angeles, CA 90074-2536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$373.00
3.18	Nonpriority creditor's name and mailing address City of Woodland - Business License Community Development Dept. 300 First Street Woodland, CA 95695 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$178.00

Debtor **Unique Recycling Corporation of California**
Name

Case number (if known)

3.19	Nonpriority creditor's name and mailing address Clark Pest Control PO Box 1480 Lodi, CA 95241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79.00
3.20	Nonpriority creditor's name and mailing address Comcast P. O. Box 34227 Seattle, WA 98124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$217.93
3.21	Nonpriority creditor's name and mailing address County of San Joaquin Dept. of Public Works Solid Waste Division P. O. Box 1810 Stockton, CA 95201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.02
3.22	Nonpriority creditor's name and mailing address Coupon Directory P. O. Box 2587 Paradise, CA 95967 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$475.00
3.23	Nonpriority creditor's name and mailing address DeHennis Designs LLC 110 Outcrop View Lane Austin, TX 78738 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,670.37
3.24	Nonpriority creditor's name and mailing address Department of Motor Vehicles P. O. Box 932370 Sacramento, CA 94232-3700 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,812.00
3.25	Nonpriority creditor's name and mailing address Direct Energy - Fresno P. O. Box 660749 Dallas, TX 75266 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$569.11

Debtor **Unique Recycling Corporation of California**
Name

Case number (if known)

3.26	Nonpriority creditor's name and mailing address Direct Energy - Madera P. O. Box 660749 Dallas, TX 75266 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,271.77
3.27	Nonpriority creditor's name and mailing address Direct Energy - Merced P. O. Box 660749 Dallas, TX 75266 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$513.30
3.28	Nonpriority creditor's name and mailing address Direct Energy - Vallejo P. O. Box 660749 Dallas, TX 75266 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,760.58
3.29	Nonpriority creditor's name and mailing address Exxon Mobile P. O. Box 688938 Des Moines, IA 50368-8938 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,813.73
3.30	Nonpriority creditor's name and mailing address Fairmead Landfill Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.80
3.31	Nonpriority creditor's name and mailing address FEDEX - 5885 P. O. Box 672085 Dallas, TX 75267 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,388.68
3.32	Nonpriority creditor's name and mailing address Forklift Mobile Inc. 1080 Nimitz Ave., Suite 130 Vallejo, CA 94592 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,713.17

Debtor **Unique Recycling Corporation of California**
Name

Case number (if known)

3.33	Nonpriority creditor's name and mailing address Gone for Good UCP of North Bank Attn: Mailer Program 3835 Cypress Dr., Suite 103 Petaluma, CA 94954 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$952,535.02
3.34	Nonpriority creditor's name and mailing address Heritage Security & Investigation, Inc. P. O. Box 99 Winton, CA 95388 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,168.00
3.35	Nonpriority creditor's name and mailing address ILD's Signs Co. 5813 East Harvard Avenue Fresno, CA 93727 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,042.18
3.36	Nonpriority creditor's name and mailing address JLO Royal Floors P. O. Box 3356 Fairfield, CA 94533 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,722.88
3.37	Nonpriority creditor's name and mailing address Kaiser Foundation File 5915 Los Angeles, CA 90074-5915 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,791.30
3.38	Nonpriority creditor's name and mailing address Les Schwab #561 2140 West Kennedy Ave,m Madera, CA 93637 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$613.28
3.39	Nonpriority creditor's name and mailing address Les Schwab #619 201 W. East Ave. Chico, CA 95926 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$927.74

Debtor **Unique Recycling Corporation of California**
Name

Case number (if known)

3.40	Nonpriority creditor's name and mailing address Les Schwab #620 65 West Main St. Woodland, CA 95695 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,807.49
3.41	Nonpriority creditor's name and mailing address Les Schwab #674 3301 Sonoma Blvd. Vallejo, CA 94590 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55.40
3.42	Nonpriority creditor's name and mailing address Littler Mendelson PC P. O. Box 45547 San Francisco, CA 94145-0547 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,149.46
3.43	Nonpriority creditor's name and mailing address Lube Express 2399 Esplanade Chico, CA 95926 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.93
3.44	Nonpriority creditor's name and mailing address Madera Automatic Transmission 905 So. Gateway Drive Madera, CA 93637 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$155.28
3.45	Nonpriority creditor's name and mailing address Mid Valley Disposal P. O. Box 12146 Fresno, CA 93776 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$974.33
3.46	Nonpriority creditor's name and mailing address Mission Printers 522 Soquel Avenue Santa Cruz, CA 95062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$966.79

Debtor **Unique Recycling Corporation of California**
Name

Case number (if known)

3.47	Nonpriority creditor's name and mailing address MJB Welding Supply P. O. Box 2166 Chico, CA 95927 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.00
3.48	Nonpriority creditor's name and mailing address Monument Security Inc. 4926-43rd St McClellan, CA 95652 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,897.25
3.49	Nonpriority creditor's name and mailing address PG&E P.O. Box 997300 Sacramento, CA 95899-7300 Date(s) debt was incurred ____ Last 4 digits of account number 4887	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,808.05
3.50	Nonpriority creditor's name and mailing address PG&E P.O. Box 997300 Sacramento, CA 95899-7300 Date(s) debt was incurred ____ Last 4 digits of account number 0134	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,173.93
3.51	Nonpriority creditor's name and mailing address PG&E P.O. Box 997300 Sacramento, CA 95899-7300 Date(s) debt was incurred ____ Last 4 digits of account number 5032	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.57
3.52	Nonpriority creditor's name and mailing address PG&E P.O. Box 997300 Sacramento, CA 95899-7300 Date(s) debt was incurred ____ Last 4 digits of account number 5468	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,594.65
3.53	Nonpriority creditor's name and mailing address PG&E P.O. Box 997300 Sacramento, CA 95899-7300 Date(s) debt was incurred ____ Last 4 digits of account number 8386	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,199.52

Debtor **Unique Recycling Corporation of California**
Name

Case number (if known)

3.54	Nonpriority creditor's name and mailing address PG&E P.O. Box 997300 Sacramento, CA 95899-7300 Date(s) debt was incurred ____ Last 4 digits of account number <u>9263</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$890.01
3.55	Nonpriority creditor's name and mailing address PG&E P.O. Box 997300 Sacramento, CA 95899-7300 Date(s) debt was incurred ____ Last 4 digits of account number <u>9713</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,858.65
3.56	Nonpriority creditor's name and mailing address Pitney Bowes P. O. Box 371874 Pittsburgh, PA 15250-7887 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.81
3.57	Nonpriority creditor's name and mailing address Platt Electric Supply P. O. Box 418759 Boston, MA 02241-8759 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$447.64
3.58	Nonpriority creditor's name and mailing address Protection One P. O.Box 219044 Kansas City, MO 64121-9044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$261.24
3.59	Nonpriority creditor's name and mailing address Ramirez Tow 1502 Humphrey Drive Suisun City, CA 94585 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$695.00
3.60	Nonpriority creditor's name and mailing address Recology - Butte P. O.Box 1512 Oroville, CA 95965-1512 Date(s) debt was incurred ____ Last 4 digits of account number <u>9222</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.50

Debtor **Unique Recycling Corporation of California**
Name

Case number (if known)

3.61	Nonpriority creditor's name and mailing address Recology - Butte P. O. Box 1512 Oroville, CA 95965-1512 Date(s) debt was incurred ____ Last 4 digits of account number <u>8122</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$758.61
3.62	Nonpriority creditor's name and mailing address Recology - Vallejo P. O. Box 60759 Los Angeles, CA 90060-0759 Date(s) debt was incurred ____ Last 4 digits of account number <u>4963</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,842.15
3.63	Nonpriority creditor's name and mailing address Redrock Environmental Group P. O. Box 310 Chowchilla, CA 93610 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,560.18
3.64	Nonpriority creditor's name and mailing address Renteria's Tire & Mechanic Shop 300 Salinas Road Watsonville, CA 95076 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$890.97
3.65	Nonpriority creditor's name and mailing address Sprint PO Box 4181 Carol Stream, IL 60197-4181 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,802.96
3.66	Nonpriority creditor's name and mailing address Terminix P. O. Box 31 Merced, CA 95341 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00
3.67	Nonpriority creditor's name and mailing address UCP North Bay (Pick Ups) 3835 Cypress Drive, Suite 103 Petaluma, CA 94954 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,407.50

Debtor **Unique Recycling Corporation of California**
Name

Case number (if known)

3.68	Nonpriority creditor's name and mailing address UCP of Central California 4224 N. Cedar Avenue Fresno, CA 93726-3700 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,640.59
3.69	Nonpriority creditor's name and mailing address UCP of Greater Sacramento 4350 Auburn Blvd. Sacramento, CA 95841 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$283.59
3.70	Nonpriority creditor's name and mailing address UCP of Inland Empire 35325 Date Palm Drive Cathedral City, CA 92234 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$283.59
3.71	Nonpriority creditor's name and mailing address UCP of Los Angeles/Ventura/Santa Barbara 6430 Independence Ave. Woodland Hills, CA 91367 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$283.59
3.72	Nonpriority creditor's name and mailing address UCP of Orange County 980 Roosevelt, Suite 100 Irvine, CA 92620 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$283.59
3.73	Nonpriority creditor's name and mailing address UCP of Sacramento & N. CA Attn: Doug Berman 4350 Auburn Blvd. Sacramento, CA 95841 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,390.00
3.74	Nonpriority creditor's name and mailing address UCP of San Diego County 8525 Gibbs Drive, 100 San Diego, CA 92123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$283.59

Debtor **Unique Recycling Corporation of California**
Name

Case number (if known)

3.75	Nonpriority creditor's name and mailing address UCP of San Francisco 1521 Webster Street Oakland, CA 94612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,201.94
3.76	Nonpriority creditor's name and mailing address UCP of San Joaquin 333 West Benjamin Holt Drive, Suite 1 Stockton, CA 95207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,630.54
3.77	Nonpriority creditor's name and mailing address UCP of San Luis Obispo 3620 Sacramento Drive, Suite 201C San Luis Obispo, CA 93401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$283.59
3.78	Nonpriority creditor's name and mailing address UCP of Stanislaus 4265 Syppress Way #5 Modesto, CA 95356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,147.00
3.79	Nonpriority creditor's name and mailing address UCP of Stanislaus (and affiliate) 4265 Syppress Way #5 Modesto, CA 95356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$283.59
3.80	Nonpriority creditor's name and mailing address UCP of the North Bay 3835 Cypress Drive, Suite 103 Petaluma, CA 94954 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$283.59
3.81	Nonpriority creditor's name and mailing address UCP of the North Bay - Contract Labor 3835 Cypress Drive, Suite 103 Petaluma, CA 94954 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Expense Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$972.00

Debtor **Unique Recycling Corporation of California**
Name

Case number (if known)

3.82	Nonpriority creditor's name and mailing address Uline Attn: Accounts Receivable 2200 S. Lakeside Drive Waukegan, IL 60085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,031.61
3.83	Nonpriority creditor's name and mailing address Valley Fire Extinguisher Co. 1433 N. Maple Fresno, CA 93703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.84	Nonpriority creditor's name and mailing address Vortex 1801 W. Olympic Blvd. Pasadena, CA 91199 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$426.00
3.85	Nonpriority creditor's name and mailing address Waste Management of Woodland P. O. Box 541065 Los Angeles, CA 90054-1065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,506.24
3.86	Nonpriority creditor's name and mailing address Woodland - Davis Termite & Pest Control 18 N. East Street, Suite 201 Woodland, CA 95776 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
3.87	Nonpriority creditor's name and mailing address Yolo County Public Works 44090 County Road 28H Woodland, CA 95776 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68.14
3.88	Nonpriority creditor's name and mailing address Zenith Ins. Company File 50004 Los Angeles, CA 90074-0004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,276.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
--------------------------	---	---

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

- 5a. Total claims from Part 1
- 5b. Total claims from Part 2
- 5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 1,116,141.12
5c.	\$ 1,116,141.12

Fill in this information to identify the case:Debtor name **Unique Recycling Corporation of California**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest **Commercial building, 1472 Bridge Street, Yuba City**

State the term remaining **8/31/2017**

List the contract number of any government contract _____

**Dress Neitling
POB 387
Yuba City, CA 95992**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Commerical lease, 2300 North Texas Street, Fairfield, CA**

State the term remaining **12/31/2017**

List the contract number of any government contract _____

**Sorenson Family Trust No. 2
c/o Diann Sorenson
639 Third Street
Sonoma, CA 95476**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Long term lease commercial property commonly described as 1301-1305 Water Street, Santa Cruz, California**

State the term remaining **Three Years**

List the contract number of any government contract _____

**The Western Shore Company
Jeannine Gibson
4041 Soquel Drive, Suite A No. 249
Soquel, CA 95073**

2.4. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

**UCP Affiliates
Attn: Doug Berman
4350 Auburn Blvd.
Sacramento, CA 95841**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

UCP Central California
Attn: Jeffery Synder
4244 North Cedar Avenue
Fresno, CA 93726

2.6. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

UCP North Bay
Attn: Margaret Farman
3835 Cypress Drive, Suite 103
Sonoma, CA 95476

2.7. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

UCP Of Golden Gate
Attn: Barry Gardin
1970 Boradway #115
Oakland, CA 94612

2.8. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

UCP of Sacramento
Attn: Doug Berman
4350 Auburn Blvd.
Sacramento, CA 95841

2.9. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

UCP San Joaquin
Attn: Leslie Heirer
333 Benjamin Holt Drive
Stockton, CA 95207

2.10. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

UCP Stanislaus
Attn: Roger Slingerman
4265 Sypres Way #2
Modesto, CA 95356

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract _____

Fill in this information to identify the case:Debtor name **Unique Recycling Corporation of California**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*2.1 **Diann Sorenson****639 Third Street West
Sonoma, CA 95476****The Western Shore
Company**☐ D _____
☐ E/F _____
☐ G _____2.2 **Diann Sorenson****639 Third Street West
Sonoma, CA 95476****Ally Financial**☒ D **2.5**
☐ E/F _____
☐ G _____2.3 **Diann Sorenson****639 Third Street West
Sonoma, CA 95476****Wells Fargo Financial**☒ D **2.12**
☐ E/F _____
☐ G _____2.4 **Diann Sorenson****639 Third Street West
Sonoma, CA 95476****The Western Shore
Company**☐ D _____
☐ E/F _____
☒ G **2.1**

Fill in this information to identify the case:Debtor name Unique Recycling Corporation of CaliforniaUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From 1/01/2016 to **Filing Date****Sources of revenue**

Check all that apply

☐ Operating a business☒ Other Business Income**Gross revenue**

(before deductions and exclusions)

\$3,138,567.00**For prior year:**From 1/01/2015 to 12/31/2015☐ Operating a business☒ Other Business Income\$9,604,405.00**For year before that:**From 1/01/2014 to 12/31/2014☐ Operating a business☒ Other Business Income\$10,066,391.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**

(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer***Check all that apply*

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. United Cerebral Palsy of Sac. & No. CA 4350 Auburn Blvd. Sacramento, CA 95841	Last 90 days	\$23,773.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. United Cerebral Palsy of San Joaquin Hammer Ranch Center 333 W. Benjamin Hold Drive #1 Stockton, CA 95207	Last 90 days	\$7,117.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.3. United Cerebral Palsy of S.F. 1970 Broadway, Suite 600 Oakland, CA 94612	Last 90 days	\$13,284.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.4. Union 76 PO Box 9140 Des Moines, IA 50368	Last 90 days	\$9,187.00	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.5. Zenith Insurance Company 21255 Califa Street Woodland Hills, CA 91367-5021	Last 90 days	\$80,528.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Insurance Services</u>
3.6. 1st Generation Investment Group 4804 Mission Street, Suite 222 San Francisco, CA 94112	Last 90 days	\$29,830.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>
3.7. 2432 Esplanade, LP c/o Edward Mock 3975 Little Creek Court Roseville, CA 95661	Last 90 days	\$34,313.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>
3.8. Arco P. O. Box 9033 Carlsbad, CA 92018	Last 90 days	\$44,368.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.9. Crum & Forster (US Fire Insurance co) PO Box 28146 New York, NY 10087	Last 90 days	\$14,688.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Insurance
3.10 Dress Neitling P. O. Box 387 Yuba City, CA 95992	Last 90 days	\$22,773.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Rent
3.11 EDCO Transmission 1355 N Texas Street Fairfield, CA 94533	Last 90 days	\$8,383.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Auto Repair
3.12 Gone for Good UCP of North Bank Attn: Mailer Program 3835 Cypress Dr., Suite 103 Petaluma, CA 94954	Last 90 days	\$313,918.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.13 Great American Insurance Group P.O. Box 5430 Cincinnati, OH 45201-5430	Last 90 days	\$18,044.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Insurance
3.14 Heritage Security & Investigation, Inc. P. O. Box 99 Winton, CA 95388	Last 90 days	\$9,504.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.15 JLO Royal Floors P. O. Box 3356 Fairfield, CA 94533	Last 90 days	\$6,872.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.16 Kaiser Foundation File 5915 Los Angeles, CA 90074-5915	Last 90 days	\$6,589.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.17 Maricela Lariz 5335 Hartona Way Sacramento, CA 95835	Last 90 days	\$6,552.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Consulting</u>
3.18 Moss Adams 3700 Old Redwood Highway, Suite 200 Santa Rosa, CA 95403	Last 90 days	\$8,335.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>CPA</u>
3.19 O'Brien Properties P. O. Box 411450 San Francisco, CA 94141-1450	Last 90 days	\$27,248.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>
3.20 PG&E P.O. Box 997300 Sacramento, CA 95899-7300	Last 90 days	\$24,544.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.21 Randall T. Shannon 9812 Rodden Road Oakdale, CA 95361	Last 90 days	\$13,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>
3.22 Randall T. Shannon 9812 Rodden Road Oakdale, CA 95361	Last 90 days	\$12,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>
3.23 Randall T. Shannon 9812 Rodden Road Oakdale, CA 95361	Last 90 days	\$13,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>
3.24 Recology - Vallejo P. O. Box 60759 Los Angeles, CA 90060-0759	Last 90 days	\$7,296.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.25 Recology - Vallejo P. O. Box 60759 Los Angeles, CA 90060-0759	Last 90 days	\$9,230.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.26 Shannon Sundberg 1433 Westgate lane Penngrove, CA 94951	Last 90 days	\$8,491.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Reimbursement</u>
3.27 Sun-Ray Storage P. O. Box 156 Vacaville, CA 95696	Last 90 days	\$13,459.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Storage</u>
3.28 The Western Shore Company Jeannine Gibson 4041 Soquel Drive, Suite A No. 249 Soquel, CA 95073	Last 90 days	\$29,870.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>
3.29 John Harris c/o Robbins, Fettner & LemMon 436 14th Street, No 1100 Oakland, CA 94612	February 10, 2016	\$6,800.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Workers Comp award</u>

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Stephanie Sorenson 639 Third Street West Sonoma, CA 95476 Daughter of Diann Sorenson President	Bi-weekly	\$39,375.00	Salary

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.2. Sorenson Family Trust No. 2 639 Third Street West Sonoma, CA 95476 Self settled trust of Diann Sorenson, President	May 11, 2016	Unknown	Inventory and fixtures at 2300 North Texas, Fairfield, were transferred to Landlord, the sole shareholder and president of the debtor, in consideration of Landlord's termination of the lease and the debtor's surrender of the leased property. Termination of Lease and Surrender Agreement available upon request. Value of assets transferred approx \$6,000.
4.3. The Western Shore Company Jeannine Gibson 4041 Soquel Drive, Suite A No. 249 Soquel, CA 95073 None	Regular Monthly Lease Payments	\$119,479.00	Regular Monthly Lease Payments
4.4. 2432 Esplanade, LP c/o Edward Mock 3975 Little Creek Court Roseville, CA 95661 None	Regular Monthly Lease Payments	\$137,251.00	Regular Monthly Lease Payments
4.5. Mileva Marcy 350 Francisco Drive Sonoma, CA 95476 Officer	Regular Bi-monthly	\$60,984.00	Salary
4.6. Tommy DeHennis 639 Third Street West Sonoma, CA 95476 Officer	7/20/15 - \$5,000 10/15/15 - \$5,000 11/18/15 - \$5,000 12/15/15 - \$5,000	\$20,000.00	Repayment of Loan

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
See Question 13 below			\$0.00
O'Brien Properties P. O. Box 411450 San Francisco, CA 94141	Commercial lease: 3274 Sonoma Blvd, Vallejo, California	May 26, 2016	\$0.00

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Filberto Purros v. Unique Recycling Corp. of CA 12-94835	Wage Dispute	Department of Industrial Relations 1870 N. Main Street, Suite 150 Salinas, CA 93906	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2.	John Harris v. Unique Recycling Corp. of CA ADJ 8994136	Wrongful Termination	Workers Comp Appeals Board 1515 Clay Street, 6th Floor Oakland, CA 94612	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.3.	Louis Shoemaker v. Unique Recycling Corp. of CA 164697	Wage Dispute	Butte County Superior Court 1775 Concord Avenue Chico, CA 95928	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Dates of loss	Value of property lost
See Attached Loss Runs			\$0.00

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Fallon & Fallon 100 E Street, Suite 219 Santa Rosa, CA 95404	Attorney Fees	05/09/16 (\$8,500) 05/20/16 (\$21,500)	\$30,000.00
	Email or website address mcfallon@fallonlaw.net			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	2432 Esplanade, LP c/o Edward Mock 3975 Little Creek Court Roseville, CA 95661	Inventory and fixtures at 2432 Esplanade, Chico, California were transferred to Landlord in consideration of Landlord's termination of the lease and the debtor's surrender of the leased property. Termination of Lease and Surrender Agreement available upon request. Liquidation value of assets transferred is approx \$6,000.	May 11, 2016	Unknown
	Relationship to debtor Landlord			

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.2	USC Salvage Corp 9812 Rodden Road Oakdale, CA 95361	Inventory and fixtures at 820 E. Shields Avenue, Fresno, California were transferred to Landlord in consideration of Landlord's termination of the lease and the debtor's surrender of the leased property. Termination of Lease and Surrender Agreement available upon request. Liquidation value of assets transferred is approx \$6,000.	May 11, 2016	Unknown
	Relationship to debtor Landlord			
13.3	Randall T. Shannon - Madera 9812 Rodden Road Oakdale, CA 95361	Inventory and fixtures at 12889 Highway 145, No. 1, Madera, California were transferred to Landlord in consideration of Landlord's termination of the lease and the debtor's surrender of the leased property. Termination of Lease and Surrender Agreement available upon request. Liquidation value of assets transferred is approx \$6,000.	May 11, 2016	Unknown
	Relationship to debtor Landlord			
13.4	Randall T. Shannon 9812 Rodden Road Oakdale, CA 95361	Inventory and fixtures at 1346 W. Main Street, Merced, California were transferred to Landlord in consideration of Landlord's termination of the lease and the debtor's surrender of the leased property. Termination of Lease and Surrender Agreement available upon request. Liquidation value of assets transferred is approx \$6,000.	May 11, 2016	\$0.00
	Relationship to debtor Landlord			
13.5	1st Generation Investment Group 4804 Mission Street, Suite 222 San Francisco, CA 94112	Inventory and fixtures at 106 West Main Street, Woodland, California were transferred to Landlord in consideration of Landlord's termination of the lease and the debtor's surrender of the leased property. Termination of Lease and Surrender Agreement available upon request. Liquidation value of assets transferred is approx \$6,000.	May 11, 2016	Unknown
	Relationship to debtor Landlord			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy From-To
14.1.	40 Constitution Drive, Suite G Chico, CA 95973	to November 1, 2014
14.2.	729 Broadway Sonoma, CA 95476	November 1, 2014 to May 26, 2015

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Wells Fargo	XXXX-8848	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	April 20, 2016	\$0.00
18.2.	Wells Fargo	XXXX-3630	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	April 30, 2016	\$0.00

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.3. Wells Fargo	XXXX-3648	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other __	April 30, 2016	\$0.00
18.4. Wells Fargo	XXXX-1390	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other __	July 31, 2015	\$0.00
18.5. Wells Fargo	XXXX-5718	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other __	September 2, 2015	\$0.00
18.6. Wells Fargo	XXXX-1382	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other __	October 31, 2014	\$0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 11

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Best Case Bankruptcy

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Shannon Sundberg P. O. Box 360 Sonoma, CA 95476	June 1, 2015 to May 13, 2016
26a.2. Mileva Marcy P. O. Box 360 Sonoma, CA 95476	April 20, 2015 to May 13, 2016
26a.3. Kristine Shoemaker 312 Stonebridge Drive Chico, CA 95973	_____ to November 1, 2015

Name and address		Date of service From-To
26a.4.	Terry Douglas 19 Herlax Circle Chico, CA 95973	_____ to January 1, 2016
26a.5.	Kathleen Morgan P. O. Box 360 Sonoma, CA 95476	November 1, 2015 to April 30, 2016

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address		Date of service From-To
26b.1.	Mock and Douglas 40 Constitution Drive, Suite G Chico, CA 95973	_____ to 2014
Name and address		Date of service From-To
26b.2.	Moss Adams 3558 Round Barn Blvd., Suite 300 Santa Rosa, CA 95403	2015 to present

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address		If any books of account and records are unavailable, explain why
26c.1.	Swizznet - Online	Hosts and Maintains Unique Recycling Corp. of CA Quickbooks Database

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address	
26d.1.	Assay Advisory Dan Finkelstein dfinkelstein@assayadvisory.com
26d.2.	Exit Strategies Group Jim Leonard jleonard@exitstrategiesgroup.com

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	Robert Fleming	March 28, 2016	

Name and address of the person who has possession of inventory records

Unique Recycling Corp. of CA/Spreadsheet

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Diann Sorenson	P. O. Box 360 Sonoma, CA 95476	President	100%
Tommy DeHennis	P. O. Box 360 Sonoma, CA 95476	Vice President	0%
Shannon Sundberg	P. O. Box 360 Sonoma, CA 95476	Secretary	0%
Mileva Marcy	P. O. Box 360 Sonoma, CA 95476	Treasurer	0%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Stephanie Sorenson	P. O. Box 360 Sonoma, CA 95476	Director	Unsure

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Debtor Unique Recycling Corporation of California

Case number (if known) _____

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 31, 2016

/s/ Tommy DeHennis

Signature of individual signing on behalf of the debtor

Tommy DeHennis

Printed name

Position or relationship to debtor Vice President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No
☒ Yes



Loss Run

As of Date: 02/25/2016
Today's Date: 02/26/2016

Claims Listing for: Thrift Store Clearance Outlet Inc

Broker: Swett & Crawford (San Francisco)

Summary

Underwriting Division	Policy Number	Policy Effective Date	Policy Expiration Date	Incurred	Number of Claims
General Casualty	00054889-1	08/16/2013	09/16/2014	29,926.46	1
General Casualty	00054889-0	09/16/2012	08/16/2013	2,416.75	2
Totals:				32,343.21	3

Detail

Policy #	00054889-1		Policy Effective Date: 08/16/2013				Underwriting Division: General Casualty				
Company:	James River Insurance Company		Policy Expiration Date: 09/16/2014								
Claim #:	00018469		Occurrence Date: 04/05/2014				Case Description: Anna Ramirez hit her nose while looking at merchandise in insured retail store. Pol. Xcelled.				
Accident State:	CA		Reported Date: 04/21/2014								
Claimant	Status	Claimant Activity Status	Indemnity/Loss		Expense		Incurred	Recoveries		Net Incurred	Coverage
			Reserve	Paid	Reserve	Paid		Deductible	All Other		
Anna Ramirez	Closed	Closed With Pay	0.00	27,138.80	0.00	2,787.66	29,926.46	2,500.00	0.00	27,426.46	Premises/Operations Liability
Claim Totals			0.00	27,138.80	0.00	2,787.66	29,926.46	2,500.00	0.00	27,426.46	
1	Policy Totals		0.00	27,138.80	0.00	2,787.66	29,926.46	2,500.00	0.00	27,426.46	

Policy #	00054889-0		Policy Effective Date: 09/16/2012		Underwriting Division: General Casualty						
Company:	James River Insurance Company		Policy Expiration Date: 08/16/2013								
Claim #:	00015230		Occurrence Date: 12/17/2012		Case Description: employee bumped into clmt with a cart and knocked clmt over						
Accident State:	CA		Reported Date: 01/16/2013								
Claimant	Status	Claimant Activity Status	Indemnity/Loss		Expense		Incurred	Recoveries		Net Incurred	Coverage
			Reserve	Paid	Reserve	Paid		Deductible	All Other		
Kim Taylor	Closed	Closed No Pay	0.00	0.00	0.00	1,117.99	1,117.99	1,117.99	0.00	0.00	Premises/Operations Liability
Claim Totals			0.00	0.00	0.00	1,117.99	1,117.99	1,117.99	0.00	0.00	



Loss Run

As of Date: 02/25/2016
Today's Date: 02/26/2016

Policy #		00054889-0		Policy Effective Date: 09/16/2012		Underwriting Division: General Casualty					
Company:		James River Insurance Company		Policy Expiration Date: 08/16/2013							
Claim #:		00014912		Occurrence Date: 10/15/2012		Case Description: Customer stepped backwards, tripped over cart and fell					
Accident State:		CA		Reported Date: 11/05/2012							
Claimant	Status	Claimant Activity Status	Indemnity/Loss		Expense		Incurred	Recoveries		Net Incurred	Coverage
			Reserve	Paid	Reserve	Paid		Deductible	All Other		
Penny Henderson	Closed	Closed With Pay	0.00	500.00	0.00	798.76	1,298.76	1,710.30	0.00	-411.54	Premises/Operations Liability
Claim Totals			0.00	500.00	0.00	798.76	1,298.76	1,710.30	0.00	-411.54	
2		Policy Totals	0.00	500.00	0.00	1,916.75	2,416.75	2,828.29	0.00	-411.54	
3		Account Totals	0.00	27,638.80	0.00	4,704.41	32,343.21	5,328.29	0.00	27,014.92	

The information contained within the James River Loss Run is proprietary. The express purpose of the Loss Run is to aid the insured and its brokers in understanding the performance of their account and in the placement of their insurance coverage. Any other use or distribution is strictly prohibited by James River. Reserve amounts shown in this report are estimates only and are based on information known about the loss at the time estimates are made. Reserve amounts shown should not be construed as an admission of coverage or liability or a confirmation that any payment will be made. Reserve amounts are established at James River's sole discretion and are subject to change at any time without notice.



CLAIMS ASSURE LOSS DETAIL REPORT

RUN DATE : 3/16/2016 11:58:47 AM

VAL DATE : 3/16/2016 4:30:27 AM

CLIENT NAME AND ADDRESS

UNIQUE RECYCLING OF CALIFORNIA, INC. DBA THRIFT STORE OUTLET
DBA THRIFT CENTER THRIFT STORES DBA UNI

3274 Sonoma Blvd,40 Constitution Drive, Chico, CA-95973,Vallejo,CA-94590

PRODUCER NAME AND ADDRESS

HEFFERNAN - PETALUMA

101 2nd Street Suite 120,Petaluma,CA-94952

REPORT SELECT OPTIONS

ACCOUNT NUMBER 3277203

POLICY YEARS All Policies

ALL POLICIES X

CLAIM STATUS ALL CLAIMS

VALUATION DATE 3/16/2016 4:30:27 AM

CASE INCURRED RANGE ALL CLAIMS

REPORT DISTRIBUTION

REQUEST LOCATION C&F San Francisco

DATE OF REQUEST 03/16/2016

REQUESTER NAME Robert Neville

DEPARTMENT NAME Primary Casualty Underwriting

DISTRIBUTION TYPE On Demand

PRIVACY Producer

REPORT RECIPIENTS

COMMENTS



CLAIMS ASSURE LOSS DETAIL REPORT

RUN DATE : 3/16/2016 11:58:47 AM

VAL DATE : 3/16/2016 4:30:27 AM

CIENT INFORMATION : 3277203						PRODUCER NAME AND ADDRESS:						
UNIQUE RECYCLING OF CALIFORNIA, INC. DBA THRIFT STORE OUTLET DBA THRIFT CENTER THRIFT STORES DBA UNI 3274 Sonoma Blvd,40 Constitution Drive, Chico, CA-95973,Vallejo,CA-94590						HEFFERNAN - PETALUMA 101 2nd Street Suite 120,Petaluma,CA-94952						
SIC CODE : 5932		POLICY NUMBER : 133737655		POLICY PERIOD : 6/26/2015 To 6/26/2016			0		0			
Policy Number	Claim Number	Claimant Name	Type of Claim	Injury/Property Damage	Dt - DOL	Dt - Reported	Outstanding Reserve	Total Paid Loss	ALAE	Salvage Subro Recovery	Total Incurred Loss and ALAE	Claim Status
133737655	NJU00606710	UNIQUE RECYCLING CORPORATION OF CA	COLL		3/2/2016	3/4/2016	\$5,000	\$0	\$0	\$0	\$5,000	Open
Accident Narrative : IV truck struck on over hanging tree. Insured Driver: A LARSON Accident State: California												
Total For:	NJU00606710	Location Code		Department Code			\$5,000	\$0	\$0	\$0	\$5,000	Open
133737655	NJU00606409	UNIQUE RECYCLING CORPORATION OF CA	COLL		2/28/2016	3/1/2016	\$1,000	\$0	\$0	\$0	\$1,000	Open
Accident Narrative : IV was rear ended by OV while at a stop light. Insured Driver: L ROMERO Accident State: California												
Total For:	NJU00606409	Location Code		Department Code			\$1,000	\$0	\$0	\$0	\$1,000	Open
133737655	NJU00606139	UNIQUE RECYCLING CORPORATION OF CA	COLL		2/24/2016	2/26/2016	\$6,000	\$0	\$0	\$0	\$6,000	Open
Accident Narrative : IV was struck by OV. OV hit insured truck on left rear side. Insured Driver: K MURDOCK Accident State: California												
Total For:	NJU00606139	Location Code		Department Code			\$6,000	\$0	\$0	\$0	\$6,000	Open
133737655	NJU00605501	Wymer	PROP	VEHICLE	2/17/2016	2/18/2016	\$0	\$3,178	\$0	\$0	\$3,178	Closed
Accident Narrative : IV backed into OV. OV bumper damaged. Insured Driver: J ESPINOZA Accident State: California												
Total For:	NJU00605501	Location Code		Department Code			\$0	\$3,178	\$0	\$0	\$3,178	Open



CLAIMS ASSURE LOSS DETAIL REPORT

RUN DATE : 3/16/2016 11:58:47 AM

VAL DATE : 3/16/2016 4:30:27 AM

133737655	NJU00604306	UNIQUE RECYCLING CORPORATION OF CA	COMP	1/18/2016	2/2/2016	\$0	\$60	\$0	\$0	\$60	Closed
Accident Narrative : Rock from road caused windshield chip.											
Insured Driver: Y ROMERO			Accident State: California								
Total For:	NJU00604306	Location Code		Department Code		\$0	\$60	\$0	\$0	\$60	Closed

133737655	NJU00604307	UNIQUE RECYCLING CORPORATION OF CA	COMP	1/10/2016	2/2/2016	\$0	\$316	\$0	\$0	\$316	Closed
Accident Narrative : Crack in windshield.											
Insured Driver: U UNKN			Accident State: California								
Total For:	NJU00604307	Location Code		Department Code		\$0	\$316	\$0	\$0	\$316	Closed

133737655	NJU00604305	UNIQUE RECYCLING CORPORATION OF CA	COMP	12/23/2015	2/2/2016	\$0	\$235	\$0	\$0	\$235	Closed
Accident Narrative : Rock from road caused windshield chip.											
Insured Driver: J MENDOZA			Accident State: California								
Total For:	NJU00604305	Location Code		Department Code		\$0	\$235	\$0	\$0	\$235	Closed

133737655	NJU00600648	UNIQUE RECYCLING CORPORATION OF CA	COMP	12/4/2015	12/8/2015	\$0	\$294	\$0	\$0	\$294	Closed
Accident Narrative : Windshield Damage.											
Insured Driver: R WELSH			Accident State: California								
Total For:	NJU00600648	Location Code		Department Code		\$0	\$294	\$0	\$0	\$294	Closed

133737655	NJU00600872	UNIQUE RECYCLING CORPORATION OF CA	COMP	12/2/2015	12/11/2015	\$0	\$60	\$0	\$0	\$60	Closed
Accident Narrative : Windshield damaged.											
Insured Driver: A MARTINEZ			Accident State: California								
Total For:	NJU00600872	Location Code		Department Code		\$0	\$60	\$0	\$0	\$60	Closed

133737655	NJU00602551	Liu	PROP VEHICLE	12/1/2015	1/8/2016	\$0	\$2,533	\$0	\$0	\$2,533	Closed
Accident Narrative : IV backed into OV.											
Insured Driver: U UNKN			Accident State: California								
Total For:	NJU00602551	Location Code		Department Code		\$0	\$2,533	\$0	\$0	\$2,533	Closed

133737655	NJU00600284	UNIQUE RECYCLING CORPORATION OF CA	COMP	11/24/2015	12/2/2015	\$0	\$60	\$0	\$0	\$60	Closed
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CLAIMS ASSURE LOSS DETAIL REPORT

RUN DATE : 3/16/2016 11:58:47 AM

VAL DATE : 3/16/2016 4:30:27 AM

Accident Narrative : Windshield damage.

Insured Driver: J BERROTERAN

Accident State: California

Total For:	NJU00600284	Location Code		Department Code			\$0	\$60	\$0	\$0	\$60	Closed
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133737655 NJU00600277 UNIQUE RECYCLING CORPORATION OF CA COMP 11/17/2015 12/2/2015

\$0 \$0 \$0 \$0 \$0 Closed

Accident Narrative : Chipped windshield from rock from road.

Insured Driver: B ESTERKYN

Accident State: California

Total For:	NJU00600277	Location Code		Department Code			\$0	\$0	\$0	\$0	\$0	Closed
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133737655 NJU00599842 UNIQUE RECYCLING CORPORATION OF CA COMP 11/2/2015 11/24/2015

\$0 \$60 \$0 \$0 \$60 Closed

Accident Narrative : Windshield damage.

Insured Driver: U UNKN

Accident State: California

Total For:	NJU00599842	Location Code		Department Code			\$0	\$60	\$0	\$0	\$60	Closed
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133737655 NJU00597547 UNIQUE RECYCLING CORPORATION OF CA COMP 10/1/2015 10/21/2015

\$0 \$60 \$0 \$0 \$60 Closed

Accident Narrative : Chip in drivers side windshield

Insured Driver: R .

Accident State: California

Total For:	NJU00597547	Location Code		Department Code			\$0	\$60	\$0	\$0	\$60	Closed
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133737655 NJU00596755 UNIQUE RECYCLING CORPORATION OF CA COLL 9/29/2015 10/9/2015

\$0 \$0 \$0 \$0 \$0 Closed

Accident Narrative : IV truck was rear ended.

Insured Driver:

Accident State: California

Total For:	NJU00596755	Location Code		Department Code			\$0	\$0	\$0	\$0	\$0	Closed
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133737655 NJU00591358 Digennaro PROP VEHICLE 7/23/2015 7/28/2015

\$0 \$1,715 \$0 \$0 \$1,715 Closed

133737655 NJU00591358 UNIQUE RECYCLING CORPORATION OF CA COLL 7/23/2015 7/28/2015

\$0 \$10,900 \$0 -\$2,200 \$8,700 Closed

133737655 NJU00591358 UNIQUE RECYCLING CORPORATION OF CA RENT 7/23/2015 7/28/2015

\$0 \$1,500 \$0 \$0 \$1,500 Closed

Accident Narrative : IV hit the parked OV, causing damage to the corner rear bumper on d/s. There is reported damage. No injuries.

Insured Driver: B ESTERKYN

Accident State: California

Total For:	NJU00591358	Location Code		Department Code			\$0	\$14,115	\$0	-\$2,200	\$11,915	Closed
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CLAIMS ASSURE LOSS DETAIL REPORT

RUN DATE : 3/16/2016 11:58:47 AM

VAL DATE : 3/16/2016 4:30:27 AM

Total Policy : 133737655	\$ - Average Claim	Total # of Claim Features	Total # of Open Claim Features	\$ - Outstanding Reserve	Total Paid Loss	ALAE	Salvage Subro Recovery	Total Incurred Loss and ALAE
Policy Period : 6/26/2015 To 6/26/2016								
Auto Physical Damage	\$1,556	15	3	\$12,000	\$13,545	\$0	-\$2,200	\$23,345
Auto Property Damage	\$2,475	3	0	\$0	\$7,426	\$0	\$0	\$7,426
Total Claim File Count 16								
Totals	\$1,710	18	3	\$12,000	\$20,971	\$0	-\$2,200	\$30,771
* Claims with an O/S Reserve of \$1.00 reflect pending case evaluations								

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Policy Overview

Inception Date	Policy Number	Policy State	Med Claim	Ind Claim	Total Claim	Open Claim	Medical Paid	Medical Incurred	Indemnity Paid	Indemnity Incurred	Expense Paid	Expense Incurred	Total Paid	Total Incurred
2015-05-16	Z069822708	CA	20	2	22	2	\$28,723	\$49,167	\$244	\$17,906	\$2,318	\$16,313	\$31,285	\$83,386
2014-05-16	Z069822707	CA	13	5	18	3	\$68,600	\$149,817	\$25,668	\$67,339	\$6,966	\$27,283	\$101,234	\$244,439
2013-05-16	Z069822706	CA	13	5	18	1	\$82,480	\$124,608	\$36,205	\$47,585	\$28,111	\$31,783	\$146,797	\$203,976
2012-05-16	Z069822705	CA	15	5	20	1	\$103,250	\$173,610	\$54,968	\$94,992	\$50,951	\$61,420	\$209,169	\$330,022
2011-05-16	Z069822704	CA	18	3	21	0	\$60,379	\$60,379	\$10,188	\$10,188	\$14,603	\$14,603	\$85,170	\$85,170
2010-05-16	Z069822703	CA	15	3	18	0	\$61,382	\$61,382	\$8,418	\$8,418	\$16,523	\$16,523	\$86,323	\$86,323
2009-05-16	Z069822702	CA	7	5	12	0	\$84,590	\$84,590	\$40,059	\$40,059	\$9,447	\$9,447	\$134,096	\$134,096
2008-05-16	Z069822701	CA	13	6	19	0	\$160,020	\$160,020	\$80,978	\$80,978	\$9,132	\$9,132	\$250,130	\$250,130
Grand Total			114	34	148	7	\$649,424	\$863,572	\$256,728	\$367,465	\$138,052	\$186,505	\$1,044,203	\$1,417,542

Claims Details

Claim #	634439	Part of Body	90 Multiple Body Parts		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822708	Injury	90 Multiple Physical Injuries	Medical	\$1,184	\$0	\$1,184	EMPLOYEE WAS SORTING CLOTHING AND SLIPPED ON THE FLOOR MAT AND FELL ON HER BACK, INJURING HER BACK AND ABDOMINAL AREA.
Pol State & Inc Yr	2015 - CA	Accident	31 Slip Fall Trip NOC	Expense	\$112	\$0	\$112	
Claim Type	MEDICAL ONLY	Injury Date	05/18/2015 10:10AM	Total	\$1,296	\$0	\$1,296	
Claim Status	CLOSED	Reported Date	05/18/2015					
Claimant Name	ROSA CARRASCO	Last Closed Date	06/23/2015					
Occupation	ON CALL PERSON	Loss Location	0002 - 2300 N. Texas, Fairfield, CA					
Litigation Flag	N		94533				1,295.56	

Claim #	635982	Part of Body	58 Great Toe		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822708	Injury	10 Contusion	Medical	\$936	\$0	\$936	EMPLOYEE STATES A WOODEN PANEL FELL AND HIT HER RIGHT BIG TOE.
Pol State & Inc Yr	2015 - CA	Accident	75 Falling or Flying Object	Expense	\$88	\$0	\$88	
Claim Type	MEDICAL ONLY	Injury Date	05/30/2015 11:30AM	Total	\$1,024	\$0	\$1,024	
Claim Status	CLOSED	Reported Date	06/02/2015					
Claimant Name	BLANCA ARREOLA	Last Closed Date	08/14/2015					
Occupation	CASHIER	Loss Location	0009 - 820 E. Sheilds Ave. Fresno CA					
Litigation Flag	N		93704				1,023.87	

Claim #	636631	Part of Body	33 Lower Arm		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822708	Injury	59 All Other	Medical	\$254	\$0	\$254	EMPLOYEE STATES HE WAS PUSHING A DOLLY LOADED WITH A TV UP A RAMP AND SLIPPED AND FELL; THE TV LANDED ON HIM.
Pol State & Inc Yr	2015 - CA	Accident	25 From Different Level	Expense	\$10	\$0	\$10	
Claim Type	MEDICAL ONLY	Injury Date	06/03/2015 02:12PM	Total	\$264	\$0	\$264	
Claim Status	CLOSED	Reported Date	06/08/2015					
Claimant Name	PEDRO LEZAMA	Last Closed Date	07/25/2015					
Occupation	DRIVER	Loss Location	0002 - 2300 N. Texas, Fairfield, CA					
Litigation Flag	N		94533				264.10	

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	641645	Part of Body	90 Multiple Body Parts		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822708	Injury	90 Multiple Physical Injuries	Medical	\$2,217	\$0	\$2,217	THE EMPLOYEE WAS TAKING A BAG FROM A CART WHEN SHE STRUCK HER LEFT ELBOW AND FOREARM RESULTING IN A CONTUSION
Pol State & Inc Yr	2015 - CA	Accident	66 Object Being Lifted	Expense	\$194	\$0	\$194	
Claim Type	MEDICAL ONLY	Injury Date	07/20/2015 11:30AM	Total	\$2,411	\$0	\$2,411	
Claim Status	CLOSED	Reported Date	07/23/2015					
Claimant Name	JOSEFINA ROMERO	Last Closed Date	04/27/2016					
Occupation	SORTER	Loss Location	0010 - 1472 Bridge St. Yuba City, CA					
Litigation Flag	N		95973				2,411.10	

Claim #	642886	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822708	Injury	10 Contusion	Medical	\$2,436	\$0	\$2,436	EMPLOYEE LIFTED A BOX FROM THE CART, THE BOXES BEHIND IT FELL AND HIT EMPLOYEE ON LOWER BACK.
Pol State & Inc Yr	2015 - CA	Accident	75 Falling or Flying Object	Expense	\$255	\$0	\$255	
Claim Type	MEDICAL ONLY	Injury Date	08/04/2015 11:15AM	Total	\$2,691	\$0	\$2,691	
Claim Status	CLOSED	Reported Date	08/04/2015					
Claimant Name	RAQUEL SAAVEDRA	Last Closed Date	01/22/2016					
Occupation	MISC PRICER	Loss Location	0010 - 1472 Bridge St. Yuba City, CA					
Litigation Flag	N		95973				2,691.29	

Claim #	643104	Part of Body	53 Knee		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822708	Injury	52 Strain	Medical	\$837	\$0	\$837	THE EMPLOYEE WAS WALKING BACKWARDS OUT OF THE TRUCK WHILE CARRYING A PIECE OF FURNITURE WHEN HIS FOOT BECAME STUCK IN THE CRACK BETWEEN THE LOADING DOCK AND THE TRUCK RESULTING IN A STRAIN TO HIS LEFT KNEE
Pol State & Inc Yr	2015 - CA	Accident	55 Holding or Carrying	Expense	\$119	\$0	\$119	
Claim Type	MEDICAL ONLY	Injury Date	08/04/2015 07:50PM	Total	\$956	\$0	\$956	
Claim Status	CLOSED	Reported Date	08/05/2015					
Claimant Name	RAFAEL CERVANTES	Last Closed Date	09/01/2015					
Occupation	DRIVER	Loss Location	0009 - 820 E. Shields Ave. Fresno CA					
Litigation Flag	N		93704				956.30	

Claim #	645799	Part of Body	90 Multiple Body Parts		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822708	Injury	90 Multiple Physical Injuries	Medical	\$117	\$0	\$117	EMPLOYEE WAS PUTTING EMPTY HANGERS AWAY AND TRIPPED OVER A SUITCASE. EMPLOYEE RECEIVED INJURIES TO LEFT ARM AND SIDE PAIN FROM FALLING.
Pol State & Inc Yr	2015 - CA	Accident	29 On Same Level	Expense	\$31	\$0	\$31	
Claim Type	MEDICAL ONLY	Injury Date	08/26/2015 09:15AM	Total	\$147	\$0	\$147	
Claim Status	CLOSED	Reported Date	08/28/2015					
Claimant Name	JOSEFINA MENDOZA	Last Closed Date	09/08/2015					
Occupation	SORTER	Loss Location	0003 - 3274 Sonoma Blvd., Vallejo, CA					
Litigation Flag	N		CA 94590				147.09	

Claims Details

Case: 16-10476 Doc# 1 Filed: 05/31/16 Entered: 05/31/16 17:04:37 Page 69 of 106

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	650657	Part of Body	35 Hand		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822708	Injury	43 Puncture	Medical	\$2,887	\$0	\$2,887	EMPLOYEE WAS SORTING THROUGH CLOTHING AND WAS STUCK BY A USED SYRINGE IN HER LEFT HAND.
Pol State & Inc Yr	2015 - CA	Accident	16 Hand Tool/Utensils Not Powered	Expense	\$92	\$0	\$92	
Claim Type	MEDICAL ONLY	Injury Date	10/12/2015 01:30PM	Total	\$2,978	\$0	\$2,978	
Claim Status	CLOSED	Reported Date	10/12/2015					
Claimant Name	MIRTHA MIRANDA	Last Closed Date	04/21/2016					
Occupation	SORTER	Loss Location	0003 - 3274 Sonoma Blvd., Vallejo, CA 94590					
Litigation Flag	N		2,978.28					

Claim #	651110	Part of Body	90 Multiple Body Parts		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822708	Injury	90 Multiple Physical Injuries	Medical	\$459	\$0	\$459	EMPLOYEE STATES SHE WAS OPENING THE GATE AND AS SHE WENT TO ROLL IT OPEN IT LEANED OVER AND HIT HER HEAD AND LEFT SHOULDER.
Pol State & Inc Yr	2015 - CA	Accident	79 Object Being Lifted	Expense	\$42	\$0	\$42	
Claim Type	MEDICAL ONLY	Injury Date	10/14/2015 07:30AM	Total	\$501	\$0	\$501	
Claim Status	CLOSED	Reported Date	10/15/2015					
Claimant Name	ROSARIO VELASCO	Last Closed Date	12/08/2015					
Occupation	STORE MANAGER	Loss Location	0010 - 1472 Bridge St. Yuba City, CA 95973					
Litigation Flag	N		501.09					

Claim #	653267	Part of Body	90 Multiple Body Parts		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822708	Injury	90 Multiple Physical Injuries	Medical	\$303	\$0	\$303	THE EMPLOYEE WAS CARRYING EMPTY HANGERS WHEN SHE TRIPPED OVER A BROOM RESULTING IN A SPRAIN TO HER LEFT WRIST AND HAND AS WELL AS AN ABRASION TO THE LEFT KNEE
Pol State & Inc Yr	2015 - CA	Accident	29 On Same Level	Expense	\$20	\$0	\$20	
Claim Type	MEDICAL ONLY	Injury Date	11/04/2015 01:15PM	Total	\$324	\$0	\$324	
Claim Status	CLOSED	Reported Date	11/05/2015					
Claimant Name	GUADALUPE	Last Closed Date	11/13/2015					
Occupation	SORTER	Loss Location	0002 - 2300 N. Texas, Fairfield, CA 94533					
Litigation Flag	N		323.54					

Claim #	653601	Part of Body	38 Shoulder(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822708	Injury	49 Sprain	Medical	\$2,030	\$11,970	\$14,000	EMPLOYEE STATES SHE WAS LIFTING A BAG THAT WAS TOO HEAVY FOR HER AND DROPPED IT CAUSING PAIN IN HER LEFT SHOULDER AND NECK.
Pol State & Inc Yr	2015 - CA	Accident	56 Lifting	Indemnity	\$0	\$9,506	\$9,506	
Claim Type	INDEMNITY	Injury Date	11/05/2015 12:01AM	Expense	\$122	\$10,878	\$11,000	
Claim Status	OPEN	Reported Date	11/09/2015	Total	\$2,153	\$32,354	\$34,506	
Claimant Name	MARIA LUQUIN	Last Closed Date						
Occupation	SORTER	Loss Location	0010 - 1472 Bridge St. Yuba City, CA 95973					
Litigation Flag	Y		34,506.25					

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	654760	Part of Body	44 Chest		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822708	Injury	10 Contusion	Medical	\$231	\$0	\$231	THE EMPLOYEE BUMPED HER LEFT BREAST WHEN BENDING OVER TO PICK SOMETHING UP
Pol State & Inc Yr	2015 - CA	Accident	68 Stationary Object	Expense	\$31	\$0	\$31	
Claim Type	MEDICAL ONLY	Injury Date	11/17/2015 11:25AM	Total	\$262	\$0	\$262	
Claim Status	CLOSED	Reported Date	11/19/2015					
Claimant Name	LIDIA SANCHEZ	Last Closed Date	12/03/2015					
Occupation	SORTER	Loss Location	0030 - 106 W. Main St. Woodland, CA					
Litigation Flag	N	95695	261.97					

Claim #	655120	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822708	Injury	52 Strain	Medical	\$10	\$0	\$10	THE EMPLOYEE WAS LIFTING A TV INTO A BOX WHEN HE FELT PAIN IN HIS MID BACK
Pol State & Inc Yr	2015 - CA	Accident	56 Lifting	Expense	\$10	\$0	\$10	
Claim Type	MEDICAL ONLY	Injury Date	11/23/2015 12:30PM	Total	\$20	\$0	\$20	
Claim Status	CLOSED	Reported Date	11/23/2015					
Claimant Name	RICHARD MEMMEL II	Last Closed Date	12/04/2015					
Occupation	PRODUCTION	Loss Location	0003 - 3274 Sonoma Blvd., Vallejo, CA 94590					
Litigation Flag	N	19.90						

Claim #	655761	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822708	Injury	49 Sprain	Medical	\$764	\$0	\$764	EMPLOYEE LIFTED A WATER COOLER INTO THE DUMPSTER AND FELT BACK PAIN.
Pol State & Inc Yr	2015 - CA	Accident	56 Lifting	Expense	\$85	\$0	\$85	
Claim Type	MEDICAL ONLY	Injury Date	11/30/2015 12:01AM	Total	\$848	\$0	\$848	
Claim Status	CLOSED	Reported Date	12/01/2015					
Claimant Name	LEONARDO RAMIREZ	Last Closed Date	04/27/2016					
Occupation	ELECTRICAL PRICER	Loss Location	0030 - 106 W. Main St. Woodland, CA					
Litigation Flag	N	95695	848.22					

Claim #	657022	Part of Body	53 Knee		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822708	Injury	52 Strain	Medical	\$1,956	\$0	\$1,956	EMPLOYEE WAS ON A LADDER IN THE FRONT OF THE STORE HANGING A BANNER WHEN HE FELL OFF THE LADDER, INJURING HIS LEFT KNEE.
Pol State & Inc Yr	2015 - CA	Accident	26 From Ladder or Scaffolding	Expense	\$136	\$0	\$136	
Claim Type	MEDICAL ONLY	Injury Date	12/12/2015 07:20AM	Total	\$2,092	\$0	\$2,092	
Claim Status	CLOSED	Reported Date	12/14/2015					
Claimant Name	JOSHUA TIJERO	Last Closed Date	04/05/2016					
Occupation	LABORER	Loss Location	0004 - 12863 Hwy 145, Madera, CA					
Litigation Flag	N	93638	2,091.67					

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	657746	Part of Body	36 Finger(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822708	Injury	40 Laceration	Medical	\$188	\$0	\$188	EMPLOYEE WAS CUTTING UP CARDBOARD BOXES WITH A BOX CUTTER WHEN HE CUT HIS RIGHT INDEX FINGER.
Pol State & Inc Yr	2015 - CA	Accident	16 Hand Tool/Utensils Not Powered	Expense	\$21	\$0	\$21	
Claim Type	MEDICAL ONLY	Injury Date	12/21/2015 01:30PM	Total	\$208	\$0	\$208	
Claim Status	CLOSED	Reported Date	12/21/2015					
Claimant Name	LARRY GONZALEZ	Last Closed Date	01/22/2016					
Occupation	BACK UP	Loss Location	0030 - 106 W. Main St. Woodland, CA					
Litigation Flag	N		95695 208.43					

Claim #	686771	Part of Body	36 Finger(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822708	Injury	52 Strain	Medical	\$537	\$0	\$537	EMPLOYEE WAS PUSHING DOWN ON A SUITCASE HANDLE AND JAMMED HIS RIGHT MIDDLE FINGER.
Pol State & Inc Yr	2015 - CA	Accident	57 Pushing or Pulling	Expense	\$63	\$0	\$63	
Claim Type	MEDICAL ONLY	Injury Date	02/12/2016 01:30PM	Total	\$600	\$0	\$600	
Claim Status	CLOSED	Reported Date	02/12/2016					
Claimant Name	JOSEPH CHAVEZ	Last Closed Date	04/05/2016					
Occupation	NIGHT MANAGER	Loss Location	0004 - 12863 Hwy 145, Madera, CA					
Litigation Flag	N		93638 600.32					

Claim #	694277	Part of Body	36 Finger(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822708	Injury	43 Puncture	Medical	\$384	\$0	\$384	EMPLOYEE WAS PRICING ITEMS WHEN A MOUSE RAN OUT OF A BAG AND BIT HER LEFT INDEX FINGER.
Pol State & Inc Yr	2015 - CA	Accident	85 Animal or Insect	Expense	\$22	\$0	\$22	
Claim Type	MEDICAL ONLY	Injury Date	04/14/2016	Total	\$406	\$0	\$406	
Claim Status	CLOSED	Reported Date	04/17/2016					
Claimant Name	GUADALUPE	Last Closed Date	04/19/2016					
Occupation	PRICER	Loss Location	0004 - 12863 Hwy 145, Madera, CA					
Litigation Flag	N		93638 406.08					

Claim #	597478	Part of Body	90 Multiple Body Parts		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822707	Injury	90 Multiple Physical Injuries	Medical	\$342	\$0	\$342	EMPLOYEE SLIPPED ON A BANANA PEEL THAT WAS LEFT ON THE FLOOR. EMPLOYEE HAS INJURIES TO BACK AND NECK.
Pol State & Inc Yr	2014 - CA	Accident	29 On Same Level	Expense	\$51	\$0	\$51	
Claim Type	MEDICAL ONLY	Injury Date	05/19/2014 12:10PM	Total	\$393	\$0	\$393	
Claim Status	CLOSED	Reported Date	05/19/2014					
Claimant Name	ADRIANA MARTIN	Last Closed Date	06/17/2014					
Occupation	LADIES PRICER	Loss Location	0003 - 3274 Sonoma Blvd., Vallejo, CA					
Litigation Flag	N		94590 392.66					

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	598841	Part of Body	34 Wrist		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822707	Injury	90 Multiple Physical Injuries	Medical	\$17,097	\$26,529	\$43,627	EMPLOYEE STATES SHE WAS PUTTING A
Pol State & Inc Yr	2014 - CA	Accident	55 Holding or Carrying	Indemnity	\$10,533	\$13,124	\$23,657	PILE OF CLOTHING ON HER TABLE AND
Claim Type	INDEMNITY	Injury Date	05/30/2014 10:00AM	Expense	\$726	\$4,707	\$5,433	BENT HER RIGHT WRIST BACK.
Claim Status	OPEN	Reported Date	06/02/2014	Total	\$28,357	\$44,360	\$72,717	
Claimant Name	LIDIA SANCHEZ	Last Closed Date						
Occupation	SORTER	Loss Location	0030 - 106 W. Main St. Woodland, CA					
Litigation Flag	Y		95695					
								72,717.26

Claim #	598849	Part of Body	32 Elbow		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822707	Injury	49 Sprain	Medical	\$16,223	\$0	\$16,223	EMPLOYEE WAS PUTTING EMPTY HANGERS
Pol State & Inc Yr	2014 - CA	Accident	68 Stationary Object	Indemnity	\$6,421	\$0	\$6,421	ON A RACK AND HIT HER RIGHT FUNNY
Claim Type	INDEMNITY	Injury Date	06/01/2014 12:01AM	Expense	\$1,219	\$0	\$1,219	BONE/ELBOW ON THE CORNER OF THE
Claim Status	CLOSED	Reported Date	06/02/2014	Total	\$23,863	\$0	\$23,863	RACK.
Claimant Name	MELANIE MELLIAR	Last Closed Date	02/19/2016					
Occupation	NIGHT MANAGER	Loss Location	0030 - 106 W. Main St. Woodland, CA					
Litigation Flag	N		95695					
								23,863.37

Claim #	607673	Part of Body	36 Finger(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822707	Injury	40 Laceration	Medical	\$307	\$0	\$307	EMPLOYEE CUT TOP OF RIGHT MIDDLE
Pol State & Inc Yr	2014 - CA	Accident	19 Cut Puncture Scrape NOC	Expense	\$14	\$0	\$14	FINGER.
Claim Type	MEDICAL ONLY	Injury Date	08/21/2014 08:45AM	Total	\$321	\$0	\$321	
Claim Status	CLOSED	Reported Date	08/21/2014					
Claimant Name	BRIAN PANKRATZ	Last Closed Date	10/08/2014					
Occupation	WORKER	Loss Location	0005 - 1346 W. Main St, Merced, CA					
Litigation Flag	N		95340					
								321.23

Claim #	609298	Part of Body	54 Lower Leg		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822707	Injury	52 Strain	Medical	\$175	\$0	\$175	EMPLOYEE STATES HE WAS PULLING A
Pol State & Inc Yr	2014 - CA	Accident	57 Pushing or Pulling	Expense	\$10	\$0	\$10	LARGE CART FULL OF MERCHANDISE AND
Claim Type	MEDICAL ONLY	Injury Date	08/22/2014 06:30PM	Total	\$186	\$0	\$186	FELT PAIN IN HIS RIGHT LEG.
Claim Status	CLOSED	Reported Date	09/05/2014					
Claimant Name	JOSE LEON	Last Closed Date	09/25/2014					
Occupation	DRIVER	Loss Location	0010 - 1472 Bridge St. Yuba City, CA					
Litigation Flag	N		95973					
								185.61

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	611519	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822707	Injury	52 Strain	Medical	\$1,637	\$0	\$1,637	THERESA WAS PUSHING A RACK OF CLOTHING, WHEN SHE STEPPED ON A PIECE OF CLOTHING THAT HAD FALLEN OFF THE RACK. THERESA SLIPPED AND CAUGHT HERSELF FROM FALLING RESULTING IN A STRAIN TO HER LOWER BACK.
Pol State & Inc Yr	2014 - CA	Accident	30 Slipped, Did not Fall	Expense	\$113	\$0	\$113	
Claim Type	MEDICAL ONLY	Injury Date	09/24/2014 02:30PM	Total	\$1,750	\$0	\$1,750	
Claim Status	CLOSED	Reported Date	09/25/2014					
Claimant Name	THERESA BEETS	Last Closed Date	06/02/2015					
Occupation	PRICER	Loss Location	0006 - 2507 Del Paso Blvd. Sac, CA					
Litigation Flag	N		95815				1,750.48	

Claim #	612607	Part of Body	20 Multiple Neck Injury		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822707	Injury	90 Multiple Physical Injuries	Medical	\$9,772	\$18,649	\$28,421	EMPLOYEE IS HAVING PAIN IN HER HANDS AND FINGERS FROM REPETITIVE MOVEMENT
Pol State & Inc Yr	2014 - CA	Accident	97 Repetitive Motion	Indemnity	\$2,099	\$17,242	\$19,341	
Claim Type	INDEMNITY	Injury Date	10/03/2014 12:01AM	Expense	\$1,816	\$8,204	\$10,020	
Claim Status	OPEN	Reported Date	10/06/2014	Total	\$13,687	\$44,096	\$57,783	
Claimant Name	MARIA LUQUIN	Last Closed Date						
Occupation	MISC PRICER	Loss Location	0010 - 1472 Bridge St. Yuba City, CA					
Litigation Flag	Y		95973				57,782.72	

Claim #	613362	Part of Body	33 Lower Arm		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822707	Injury	52 Strain	Medical	\$549	\$0	\$549	EMPLOYEE STATES SHE HAS ARM PAIN AND NUMBNESS FROM CARRYING TOO MANY GARMENTS AT ONE TIME. SHE DID NOT REPORT THE INJURY WHEN IT HAPPENED BECAUSE SHE THOUGHT THE PAIN WOULD GO AWAY.
Pol State & Inc Yr	2014 - CA	Accident	55 Holding or Carrying	Expense	\$62	\$0	\$62	
Claim Type	MEDICAL ONLY	Injury Date	10/08/2014 12:01AM	Total	\$611	\$0	\$611	
Claim Status	CLOSED	Reported Date	10/14/2014					
Claimant Name	ADRIANA HERNANDEZ	Last Closed Date	11/18/2014					
Occupation	LADIES PRICER	Loss Location	0010 - 1472 Bridge St. Yuba City, CA					
Litigation Flag	N		95973				610.84	

Claim #	617547	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822707	Injury	52 Strain	Medical	\$488	\$0	\$488	WORKER WAS ORGANIZING HIS LOAD IN THE REAR OF HIS TRUCK AND SLIPPED, GRABBED THE STRAP TO THE ROLL UP DOOR TO KEEP FROM FALLING, SINCE HE WAS PARKED ON A HILL & SUSTAINED LOW BACK INJURY.
Pol State & Inc Yr	2014 - CA	Accident	30 Slipped, Did not Fall	Expense	\$42	\$0	\$42	
Claim Type	MEDICAL ONLY	Injury Date	11/24/2014 04:55PM	Total	\$529	\$0	\$529	
Claim Status	CLOSED	Reported Date	11/25/2014					
Claimant Name	MARIO AGUIRRE	Last Closed Date	12/10/2014					
Occupation	DRIVER	Loss Location	0001 - 521 Front St., Santa Cruz, CA					
Litigation Flag	N		95060				529.27	

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	618702	Part of Body	38 Shoulder(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822707	Injury	52 Strain	Medical	\$9,224	\$0	\$9,224	EMPLOYEE STATES HE WAS IN A HURRY AND RATHER THAN LOADING HIS TRUCK PROPERLY, HE WAS THROWING A BAG ONTO HIS TRUCK AND HURT HIS RIGHT SHOULDER.
Pol State & Inc Yr	2014 - CA	Accident	61 Welding or Throwing	Indemnity	\$6,614	\$0	\$6,614	
Claim Type	INDEMNITY	Injury Date	12/08/2014 04:30PM	Expense	\$843	\$0	\$843	
Claim Status	CLOSED	Reported Date	12/09/2014	Total	\$16,681	\$0	\$16,681	
Claimant Name	CARLOS PALACIOS	Last Closed Date	10/09/2015					
Occupation	DRIVER	Loss Location	0001 - 521 Front St., Santa Cruz, CA					
Litigation Flag	Y		95060					
								16,680.70

Claim #	621176	Part of Body	38 Shoulder(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822707	Injury	52 Strain	Medical	\$340	\$0	\$340	EMPLOYEE WAS HELPING A CO-WORKER LIFT A TELEVISION AND FELT A PAIN IN HIS RIGHT SHOULDER.
Pol State & Inc Yr	2014 - CA	Accident	56 Lifting	Expense	\$51	\$0	\$51	
Claim Type	MEDICAL ONLY	Injury Date	01/08/2015 08:00AM	Total	\$391	\$0	\$391	
Claim Status	CLOSED	Reported Date	01/09/2015					
Claimant Name	THOMAS VALADEZ	Last Closed Date	01/27/2015					
Occupation	DRIVER	Loss Location	0003 - 3274 Sonoma Blvd., Vallejo, CA					
Litigation Flag	N		94590					
								390.99

Claim #	623698	Part of Body	56 Foot		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822707	Injury	52 Strain	Medical	\$3,871	\$0	\$3,871	EMPLOYEE STATES HE WAS HELPING LOAD A SHELF INTO A VEHICLE. HE STEPPED WRONG AND FELT PAIN IN HIS LEFT FOOT/ANKLE.
Pol State & Inc Yr	2014 - CA	Accident	60 Strain or Injury NOC	Expense	\$265	\$0	\$265	
Claim Type	MEDICAL ONLY	Injury Date	02/04/2015 03:00PM	Total	\$4,137	\$0	\$4,137	
Claim Status	CLOSED	Reported Date	02/05/2015					
Claimant Name	EMILIO ANDRES	Last Closed Date	06/29/2015					
Occupation	BACK UP	Loss Location	0006 - 2507 Del Paso Blvd. Sac, CA					
Litigation Flag	N		95815					
								4,136.56

Claim #	624325	Part of Body	54 Lower Leg		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822707	Injury	43 Puncture	Medical	\$587	\$0	\$587	EMPLOYEE WAS WALKING TO PICK UP DONATION AND WAS BITTEN BY A DOG ON HIS LEFT LEG
Pol State & Inc Yr	2014 - CA	Accident	85 Animal or Insect	Expense	\$983	\$0	\$983	
Claim Type	MEDICAL ONLY	Injury Date	02/10/2015 02:10PM	Total	\$1,570	\$0	\$1,570	
Claim Status	CLOSED	Reported Date	02/11/2015					
Claimant Name	OSCAR HERNANDEZ	Last Closed Date	08/07/2015					
Occupation	DRIVER	Loss Location	0001 - 521 Front St., Santa Cruz, CA					
Litigation Flag	Y		95060					
								1,569.96

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	626624	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822707	Injury	52 Strain	Medical	\$6,007	\$36,038	\$42,045	EMPLOYEE STATES ON 6/26/14, SHE WAS TAKING THE TRASH OUTSIDE AND
Pol State & Inc Yr	2014 - CA	Accident	29 On Same Level	Indemnity	\$0	\$11,306	\$11,306	SLIPPED ON A HANGER AND FELL TO HER KNEES.
Claim Type	INDEMNITY	Injury Date	06/26/2014 12:01AM	Expense	\$543	\$7,405	\$7,948	
Claim Status	OPEN	Reported Date	03/05/2015	Total	\$6,550	\$54,750	\$61,299	
Claimant Name	IRENE BENITEZ	Last Closed Date						
Occupation	PRICER	Loss Location	0010 - 1472 Bridge St. Yuba City, CA					
Litigation Flag	N		95973 61,299.18					

Claim #	627445	Part of Body	35 Hand		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822707	Injury	52 Strain	Medical	\$437	\$0	\$437	EMPLOYEE STATES ON 3/4/15, HER HAND STARTED HURTING BECAUSE SHE WAS
Pol State & Inc Yr	2014 - CA	Accident	59 Using Tool or Machine	Expense	\$51	\$0	\$51	STAPLING TOO MUCH. SHE DID NOT TELL HER SUPERVISOR BECAUSE SHE THOUGHT THE PAIN WOULD GO AWAY. ON 3/12/15, SHE REPORTED THE INJURY TO HER SUPERVISOR AND SAID SHE WAS GOING TO THE DOCTOR. HER APPOINTMENT IS LATER TODAY.
Claim Type	MEDICAL ONLY	Injury Date	03/04/2015 12:01AM	Total	\$488	\$0	\$488	
Claim Status	CLOSED	Reported Date	03/13/2015					
Claimant Name	CECILIA MENDOZA	Last Closed Date	04/16/2015					
Occupation	KIDS/MENS PRICER	Loss Location	0002 - 2300 N. Texas, Fairfield, CA					
Litigation Flag	N		94533 487.77					

Claim #	628338	Part of Body	53 Knee		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822707	Injury	10 Contusion	Medical	\$488	\$0	\$488	EMPLOYEE STATES A LARGE BALE OF CLOTHING HIT HIS KNEE CAUSING IT TO BEND THE WRONG DIRECTIONS.
Pol State & Inc Yr	2014 - CA	Accident	81 Struck Injured by NOC	Expense	\$71	\$0	\$71	
Claim Type	MEDICAL ONLY	Injury Date	03/19/2015 02:30PM	Total	\$559	\$0	\$559	
Claim Status	CLOSED	Reported Date	03/20/2015					
Claimant Name	CLIFFORD DIXON	Last Closed Date	06/05/2015					
Occupation	PART TIME BACK UP	Loss Location	0003 - 3274 Sonoma Blvd., Vallejo, CA 94590					
Litigation Flag	N		559.35					

Claim #	628764	Part of Body	35 Hand		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822707	Injury	43 Puncture	Medical	\$616	\$0	\$616	EMPLOYEE WAS SORTING THROUGH A BACKPACK AND STUCK HER HAND WITH A USED SYRINGE.
Pol State & Inc Yr	2014 - CA	Accident	16 Hand Tool/Utensils Not Powered	Expense	\$71	\$0	\$71	
Claim Type	MEDICAL ONLY	Injury Date	03/25/2015 04:00PM	Total	\$687	\$0	\$687	
Claim Status	CLOSED	Reported Date	03/26/2015					
Claimant Name	VICTORIA MENO	Last Closed Date	11/19/2015					
Occupation	NIGHT MANAGER	Loss Location	0003 - 3274 Sonoma Blvd., Vallejo, CA 94590					
Litigation Flag	N		687.36					

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	634151	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822707	Injury	52 Strain	Medical	\$438	\$0	\$438	EMPLOYEE WAS STEPPING OFF TRUCK TO STAND ON LIFT GATE AND THE LIFT GATE HAD BEEN LOWERED AND HE FELL, INJURING HIS BACK.
Pol State & Inc Yr	2014 - CA	Accident	25 From Different Level	Expense	\$35	\$0	\$35	
Claim Type	MEDICAL ONLY	Injury Date	05/15/2015 12:00PM	Total	\$474	\$0	\$474	
Claim Status	CLOSED	Reported Date	05/15/2015					
Claimant Name	LARRY GONZALEZ	Last Closed Date	05/27/2015					
Occupation	PRICER	Loss Location	0006 - 2507 Del Paso Blvd. Sac, CA					
Litigation Flag	N		95815 473.52					

Claim #	538427	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822706	Injury	52 Strain	Medical	\$169	\$0	\$169	EMPLOYEE WAS LIFTING A TV AND STRAINED HIS RIGHT UPPER BACK.
Pol State & Inc Yr	2013 - CA	Accident	56 Lifting	Expense	\$31	\$0	\$31	
Claim Type	MEDICAL ONLY	Injury Date	07/29/2013 06:00PM	Total	\$200	\$0	\$200	
Claim Status	CLOSED	Reported Date	07/31/2013					
Claimant Name	ANTONIO ARREDONDO	Last Closed Date	09/27/2013					
Occupation	RIVER	Loss Location	0002 - 2300 N. Texas, Fairfield, CA					
Litigation Flag	N		94533 199.68					

Claim #	571416	Part of Body	34 Wrist		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822706	Injury	43 Puncture	Medical	\$661	\$0	\$661	EMPLOYEE WAS CARRYING A BOX OF DONATIONS TO HIS TRUCK AND FELT A BITE/STING ON HIS LEFT WRIST. HE SET THE BOX DOWN AND SAW HE HAD SMASHED A SPIDER. HIS ARM STARTED SWELLING AND HE FELT NAUSEOUS.
Pol State & Inc Yr	2013 - CA	Accident	85 Animal or Insect	Expense	\$71	\$0	\$71	
Claim Type	MEDICAL ONLY	Injury Date	09/03/2013	Total	\$732	\$0	\$732	
Claim Status	CLOSED	Reported Date	09/04/2013					
Claimant Name	STEPHEN MANNING	Last Closed Date	09/23/2013					
Occupation	DRIVER	Loss Location	0001 - 521 Front St., Santa Cruz, CA					
Litigation Flag	N		95060 731.93					

Claim #	573270	Part of Body	38 Shoulder(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822706	Injury	52 Strain	Medical	\$309	\$0	\$309	EMPLOYEE WAS USING A DOLLY TO LIFT A TV AND STRAINED HIS LEFT SHOULDER.
Pol State & Inc Yr	2013 - CA	Accident	56 Lifting	Expense	\$41	\$0	\$41	
Claim Type	MEDICAL ONLY	Injury Date	09/18/2013 11:00AM	Total	\$349	\$0	\$349	
Claim Status	CLOSED	Reported Date	09/19/2013					
Claimant Name	LUIS MONTES	Last Closed Date	10/29/2013					
Occupation	DRIVER	Loss Location	0010 - 1472 Bridge St. Yuba City, CA					
Litigation Flag	N		95973 349.24					

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	577134	Part of Body	39 Wrist(s) and Hand(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822706	Injury	80 All Other Cumulative	Medical	\$20,628	\$0	\$20,628	CUMULATIVE TRAUMA INJURY INVOLVING THE HANDS AND FINGERS.
Pol State & Inc Yr	2013 - CA	Accident	98 Cumulative Injury	Indemnity	\$4,840	\$0	\$4,840	
Claim Type	INDEMNITY	Injury Date	10/04/2013 12:01AM	Expense	\$4,706	\$0	\$4,706	
Claim Status	CLOSED	Reported Date	10/21/2013	Total	\$30,174	\$0	\$30,174	
Claimant Name	JUANA VELASQUEZ	Last Closed Date	08/27/2014					
Occupation	CLOTHES SORTER	Loss Location	0001 - 521 Front St., Santa Cruz, CA					
Litigation Flag	Y		95060					
								30,173.79

Claim #	580465	Part of Body	61 Abdomen Including Groin		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822706	Injury	52 Strain	Medical	\$1,101	\$0	\$1,101	EMPLOYEE WAS UNLOADING TV'S AND FELT A PAIN IN HIS GROIN. HE DID NOT REPORT THE INJURY UNTIL 3:00 PM.
Pol State & Inc Yr	2013 - CA	Accident	56 Lifting	Expense	\$110	\$0	\$110	
Claim Type	MEDICAL ONLY	Injury Date	11/25/2013 07:45AM	Total	\$1,211	\$0	\$1,211	
Claim Status	CLOSED	Reported Date	11/26/2013					
Claimant Name	CHRISTOPHER ROMAN	Last Closed Date	12/04/2013					
Occupation	DRIVER	Loss Location	0006 - 2507 Del Paso Blvd. Sac, CA					
Litigation Flag	N		95815					
								1,210.92

Claim #	583388	Part of Body	53 Knee		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822706	Injury	90 Multiple Physical Injuries	Medical	\$15,167	\$42,128	\$57,294	WHILE WALKING THE EE STEPPED ON A PIECE OF CARDBOARD CAUSING HIM TO SLIP AND FALL. THIS RESULTED IN A SPRAIN AND CONTUSION OF THE KNEE/LEG.
Pol State & Inc Yr	2013 - CA	Accident	29 On Same Level	Indemnity	\$14,378	\$11,380	\$25,758	
Claim Type	INDEMNITY	Injury Date	12/30/2013 04:30PM	Expense	\$8,014	\$3,672	\$11,686	
Claim Status	OPEN	Reported Date	01/02/2014	Total	\$37,559	\$57,179	\$94,738	
Claimant Name	JOSE LEON	Last Closed Date						
Occupation	DRIVER	Loss Location	0010 - 1472 Bridge St. Yuba City, CA					
Litigation Flag	Y		95973					
								94,737.78

Claim #	585657	Part of Body	31 Upper Arm		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822706	Injury	52 Strain	Medical	\$2,314	\$0	\$2,314	I/W SUSTAINED RIGHT ARM PAIN WHEN LIFTING A HIDE A BED BY HIMSELF AT A JOB SITE.
Pol State & Inc Yr	2013 - CA	Accident	56 Lifting	Indemnity	\$600	\$0	\$600	
Claim Type	INDEMNITY	Injury Date	01/24/2014 01:00PM	Expense	\$889	\$0	\$889	
Claim Status	CLOSED	Reported Date	01/27/2014	Total	\$3,803	\$0	\$3,803	
Claimant Name	CHRISTOPHER ROMAN	Last Closed Date	01/23/2015					
Occupation	DRIVER	Loss Location	0020 - 2432 Esplande, Chico, CA					
Litigation Flag	N		95926					
								3,803.13

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	587298	Part of Body	56 Foot		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822706	Injury	52 Strain	Medical	\$284	\$0	\$284	IW STATES SHE WAS PUSHING THE SHOPPING CARTS TOGETHER WHEN SHE HURT HER RIGHT FOOT
Pol State & Inc Yr	2013 - CA	Accident	57 Pushing or Pulling	Expense	\$44	\$0	\$44	
Claim Type	MEDICAL ONLY	Injury Date	02/11/2014 01:38PM	Total	\$328	\$0	\$328	
Claim Status	CLOSED	Reported Date	02/11/2014					
Claimant Name	CAMERINA GARCIA	Last Closed Date	03/18/2014					
Occupation	CASHIER	Loss Location	0005 - 1346 W. Main St, Merced, CA					
Litigation Flag	N		95340					
								327.78

Claim #	589084	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822706	Injury	10 Contusion	Medical	\$304	\$0	\$304	EMPLOYEE STATES HE SLIPPED AND FELL OFF THE SIDEWALK WHILE JUMPING AWAY FROM A MOVING VEHICLE. THIS RESULTED IN A LOWER BACK CONTUSION
Pol State & Inc Yr	2013 - CA	Accident	29 On Same Level	Expense	\$61	\$0	\$61	
Claim Type	MEDICAL ONLY	Injury Date	02/27/2014 12:31PM	Total	\$365	\$0	\$365	
Claim Status	CLOSED	Reported Date	02/28/2014					
Claimant Name	PAUL AGULTO	Last Closed Date	03/20/2014					
Occupation	DRIVER	Loss Location	0001 - 521 Front St., Santa Cruz, CA					
Litigation Flag	N		95060					
								365.28

Claim #	592824	Part of Body	38 Shoulder(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822706	Injury	52 Strain	Medical	\$17,780	\$0	\$17,780	
Pol State & Inc Yr	2013 - CA	Accident	56 Lifting	Indemnity	\$10,198	\$0	\$10,198	
Claim Type	INDEMNITY	Injury Date	02/04/2014 12:01AM	Expense	\$1,106	\$0	\$1,106	
Claim Status	CLOSED	Reported Date	04/07/2014	Total	\$29,084	\$0	\$29,084	
Claimant Name	CHRISTOPHER ROMAN	Last Closed Date	01/23/2015					
Occupation	DRIVER	Loss Location	0002 - 2300 N. Texas, Fairfield, CA					
Litigation Flag	N		94533					
								29,083.78

Claim #	593000	Part of Body	38 Shoulder(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822706	Injury	52 Strain	Medical	\$143	\$0	\$143	THE EMPLOYEE WAS LIFTING A LARGE BALE OF CLOTHES WHEN HE FELT PAIN IN HIS RIGHT SHOULDER.
Pol State & Inc Yr	2013 - CA	Accident	56 Lifting	Expense	\$20	\$0	\$20	
Claim Type	MEDICAL ONLY	Injury Date	04/03/2014 12:45PM	Total	\$163	\$0	\$163	
Claim Status	CLOSED	Reported Date	04/07/2014					
Claimant Name	REYNALDO GONZALEZ	Last Closed Date	05/29/2014					
Occupation	BACK UP	Loss Location	0010 - 1472 Bridge St. Yuba City, CA					
Litigation Flag	N		95973					
								163.45

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	593008	Part of Body	50 Multiple Lower Extremities		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822706	Injury	90 Multiple Physical Injuries	Medical	\$1,176	\$0	\$1,176	EMPLOYEE WAS HOLDING UP A PIECE OF STEEL. HE LET GO OF IT, IT FELL AND HIT HIS RIGHT ROOT.
Pol State & Inc Yr	2013 - CA	Accident	79 Object Being Lifted	Expense	\$136	\$0	\$136	
Claim Type	MEDICAL ONLY	Injury Date	04/05/2014 10:30AM	Total	\$1,312	\$0	\$1,312	
Claim Status	CLOSED	Reported Date	04/07/2014					
Claimant Name	ANTONIO HERNANDEZ	Last Closed Date	08/20/2014					
Occupation	NIGHT MANAGER	Loss Location	0005 - 1346 W. Main St, Merced, CA					
Litigation Flag	N		95340					
								1,311.84

Claim #	594028	Part of Body	31 Upper Arm		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822706	Injury	52 Strain	Medical	\$1,053	\$0	\$1,053	EMPLOYEE WAS TRYING TO STOP A HEAVY BOX FULL OF BOOKS AND GLASSES FROM FALLING, WHEN SHE FELT PAIN IN HER RIGHT ARM.
Pol State & Inc Yr	2013 - CA	Accident	55 Holding or Carrying	Expense	\$122	\$0	\$122	
Claim Type	MEDICAL ONLY	Injury Date	03/10/2014 12:01AM	Total	\$1,175	\$0	\$1,175	
Claim Status	CLOSED	Reported Date	04/16/2014					
Claimant Name	CAROLINA RUIZ	Last Closed Date	09/15/2014					
Occupation	MISC PRICER	Loss Location	0002 - 2300 N. Texas, Fairfield, CA					
Litigation Flag	N		94533					
								1,175.11

Claim #	594733	Part of Body	33 Lower Arm		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822706	Injury	52 Strain	Medical	\$18,142	\$0	\$18,142	EMPLOYEE STATES SHE INJURED HER LEFT ARM BECAUSE SHE WAS CARRYING TOO MANY GARMENTS.
Pol State & Inc Yr	2013 - CA	Accident	55 Holding or Carrying	Indemnity	\$6,189	\$0	\$6,189	
Claim Type	INDEMNITY	Injury Date	03/19/2014 12:01AM	Expense	\$12,361	\$0	\$12,361	
Claim Status	CLOSED	Reported Date	04/23/2014	Total	\$36,691	\$0	\$36,691	
Claimant Name	SUSANA VALDOVINOS	Last Closed Date	08/17/2015					
Occupation	LADIES PRICER	Loss Location	0003 - 3274 Sonoma Blvd., Vallejo, CA					
Litigation Flag	Y		CA 94590					
								36,690.90

Claim #	594925	Part of Body	34 Wrist		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822706	Injury	52 Strain	Medical	\$2,177	\$0	\$2,177	EMPLOYEE STATES SHE HAS RIGHT WRIST PAIN FROM EXCESSIVE WRITING/USE OF HAND.
Pol State & Inc Yr	2013 - CA	Accident	97 Repetitive Motion	Expense	\$259	\$0	\$259	
Claim Type	MEDICAL ONLY	Injury Date	04/25/2014 09:30AM	Total	\$2,436	\$0	\$2,436	
Claim Status	CLOSED	Reported Date	04/25/2014					
Claimant Name	DALANIA ALARCON	Last Closed Date	01/08/2015					
Occupation	CLERICAL	Loss Location	0020 - 2432 Esplande, Chico, CA					
Litigation Flag	N		95926					
								2,436.29

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	595753	Part of Body	35 Hand		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822706	Injury	52 Strain	Medical	\$470	\$0	\$470	EMPLOYEE STATES HER LEFT HAND HURTS BETWEEN HER THUMB AND FOREFINGER FROM CARRYING TOO MANY GARMENTS.
Pol State & Inc Yr	2013 - CA	Accident	55 Holding or Carrying	Expense	\$76	\$0	\$76	
Claim Type	MEDICAL ONLY	Injury Date	05/01/2014 12:01AM	Total	\$546	\$0	\$546	
Claim Status	CLOSED	Reported Date	05/02/2014					
Claimant Name	ROSA HERNANDEZ	Last Closed Date	06/23/2014					
Occupation	PRICER	Loss Location	0020 - 2432 Esplande, Chico, CA					
Litigation Flag	N		95926				545.98	

Claim #	596312	Part of Body	65 Insufficient Information		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822706	Injury	52 Strain	Medical	\$518	\$0	\$518	EMPLOYEE WAS UNLOADING TRASH AT THE DUMP WHEN HE FELL OFF HIS TRUCK. EMPLOYEE HAS SCIATIC PAIN FROM FALLING.
Pol State & Inc Yr	2013 - CA	Accident	25 From Different Level	Expense	\$54	\$0	\$54	
Claim Type	MEDICAL ONLY	Injury Date	03/24/2014 10:00AM	Total	\$572	\$0	\$572	
Claim Status	CLOSED	Reported Date	05/08/2014					
Claimant Name	CARLOS PALACIOS	Last Closed Date	08/15/2014					
Occupation	DRIVER	Loss Location	0001 - 521 Front St., Santa Cruz, CA					
Litigation Flag	N		95060				572.01	

Claim #	596686	Part of Body	56 Foot		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822706	Injury	10 Contusion	Medical	\$87	\$0	\$87	THE EMPLOYEE WAS HELPING A CO-WORKER MOVE A LARGE, HEAVY CART WHEN THE CART ACCIDENTALLY ROLLED OVER HER RIGHT FOOT CAUSING PAIN.
Pol State & Inc Yr	2013 - CA	Accident	79 Object Being Lifted	Expense	\$10	\$0	\$10	
Claim Type	MEDICAL ONLY	Injury Date	05/12/2014 10:30AM	Total	\$97	\$0	\$97	
Claim Status	CLOSED	Reported Date	05/12/2014					
Claimant Name	ESTEFANIA ROSAS	Last Closed Date	06/30/2014					
Occupation	SORTER	Loss Location	0002 - 2300 N. Texas, Fairfield, CA					
Litigation Flag	N		94533				97.13	

Claim #	495342	Part of Body	14 Eye(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822705	Injury	59 All Other	Medical	\$237	\$0	\$237	EMPLOYEE STATES HE WAS LOADING A SHIPPING CONTAINER WHEN A TENT POLE FELL AND STRUCK HIM IN HIS RIGHT EYE.
Pol State & Inc Yr	2012 - CA	Accident	75 Falling or Flying Object	Expense	\$20	\$0	\$20	
Claim Type	MEDICAL ONLY	Injury Date	06/19/2012 04:30PM	Total	\$257	\$0	\$257	
Claim Status	CLOSED	Reported Date	06/27/2012					
Claimant Name	JULIO BERROTERAN	Last Closed Date	07/14/2012					
Occupation	DRIVER	Loss Location	0003 - 3274 Sonoma Blvd., Vallejo, CA					
Litigation Flag	N		94590				257.17	

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	496507	Part of Body	52 Thigh		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822705	Injury	10 Contusion	Medical	\$445	\$0	\$445	EMPLOYEE WAS ON A STEP STOOL UNLOADING BAGS OF CLOTHING FROM A SHIPPING CONTAINER. A BAG FELL AND HIT HER CAUSING HER TO FALL OFF THE STEP STOOL. WHEN SHE LANDED SHE HIT A METAL CART BRUSING HER THIGH.
Pol State & Inc Yr	2012 - CA	Accident	75 Falling or Flying Object	Expense	\$33	\$0	\$33	
Claim Type	MEDICAL ONLY	Injury Date	07/06/2012 02:30PM	Total	\$479	\$0	\$479	
Claim Status	CLOSED	Reported Date	07/09/2012					
Claimant Name	JOSELYN SANCHEZ	Last Closed Date	07/24/2012					
Occupation	MANAGER	Loss Location	0005 - 1346 W. Main St, Merced, CA					
Litigation Flag	N		95340				478.57	

Claim #	497358	Part of Body	53 Knee		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822705	Injury	59 All Other	Medical	\$6,254	\$70,360	\$76,614	EMPLOYEE STATES HE WAS IN THE BACK OF HIS TRUCK, LOADING IT. HE SLIPPED ON SOME LOTION THAT HAD SPILLED, CAUSING HIM TO FALL. HE HAS PAIN IN HIS RIGHT KNEE.
Pol State & Inc Yr	2012 - CA	Accident	29 On Same Level	Indemnity	\$3,879	\$40,024	\$43,904	
Claim Type	INDEMNITY	Injury Date	07/13/2012 10:30AM	Expense	\$6,707	\$10,469	\$17,177	
Claim Status	OPEN	Reported Date	07/17/2012	Total	\$16,841	\$120,854	\$137,694	
Claimant Name	JULIO BERROTERAN	Last Closed Date						
Occupation	DRIVER	Loss Location	0001 - 521 Front St., Santa Cruz, CA					
Litigation Flag	Y		95060				137,694.01	

Claim #	500661	Part of Body	34 Wrist		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822705	Injury	40 Laceration	Medical	\$240	\$0	\$240	WHEN EMPLOYEE WAS LIFTING A COPY MACHINE, THE GLASS BROKE AND CUT HIS WRIST.
Pol State & Inc Yr	2012 - CA	Accident	15 Broken Glass	Expense	\$61	\$0	\$61	
Claim Type	MEDICAL ONLY	Injury Date	08/15/2012 09:20AM	Total	\$302	\$0	\$302	
Claim Status	CLOSED	Reported Date	08/15/2012					
Claimant Name	JORGE GARCIA	Last Closed Date	08/31/2012					
Occupation	BACK UP	Loss Location	0010 - 1472 Bridge St. Yuba City, CA					
Litigation Flag	N		95973				301.51	

Claim #	501478	Part of Body	52 Thigh		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822705	Injury	52 Strain	Medical	\$2,109	\$0	\$2,109	EMPLOYEE STATES HE WAS STEPPING OVER FULL BAGS AND SLIPPED.
Pol State & Inc Yr	2012 - CA	Accident	60 Strain or Injury NOC	Expense	\$362	\$0	\$362	
Claim Type	MEDICAL ONLY	Injury Date	08/16/2012 02:30PM	Total	\$2,472	\$0	\$2,472	
Claim Status	CLOSED	Reported Date	08/22/2012					
Claimant Name	BRYAN REHM	Last Closed Date	08/08/2013					
Occupation	DRIVER	Loss Location	0020 - 2432 Esplande, Chico, CA					
Litigation Flag	N		95926				2,471.63	

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	501781	Part of Body	90 Multiple Body Parts		Paid	Outstandin	Incurred	Accident Description: EMPLOYEE STATES HE WAS STANDING ON THE LIFT GATE OF HIS TRUCK TRYING TO AVOID A PALLET. HE PRESSED HIS FOOT AGAINST THE DUMPSTER TO STEADY HIMSELF AND THE DUMPTSER MOVED CAUSING HIM TO FALL OFF THE LIFT GATE INJURIES AREA THORACIC AND KNEE STRAIN, ANKLE SPRAIN
Policy #	Z069822705	Injury	90 Multiple Physical Injuries	Medical	\$13,533	\$0	\$13,533	
Pol State & Inc Yr	2012 - CA	Accident	25 From Different Level	Expense	\$1,273	\$0	\$1,273	
Claim Type	MEDICAL ONLY	Injury Date	08/24/2012 08:50AM	Total	\$14,806	\$0	\$14,806	
Claim Status	CLOSED	Reported Date	08/24/2012					
Claimant Name	DEREK SALMON	Last Closed Date	02/27/2014					
Occupation	DRIVER	Loss Location	0030 - 106 W. Main St. Woodland, CA					
Litigation Flag	N	95695	14,805.82					

Claim #	503958	Part of Body	55 Ankle		Paid	Outstandin	Incurred	Accident Description: EMPLOYEE WAS STANDING INT HE BACK OF HIS TRUCK, UNLOADING IT AND FELL OFF, SPRAINING HIS LEFT ANKLE.
Policy #	Z069822705	Injury	49 Sprain	Medical	\$1,492	\$0	\$1,492	
Pol State & Inc Yr	2012 - CA	Accident	25 From Different Level	Indemnity	\$37	\$0	\$37	
Claim Type	INDEMNITY	Injury Date	09/13/2012 09:30AM	Expense	\$102	\$0	\$102	
Claim Status	CLOSED	Reported Date	09/13/2012	Total	\$1,632	\$0	\$1,632	
Claimant Name	PEDRO ROMAN, JR	Last Closed Date	12/06/2012					
Occupation	DRIVER	Loss Location	0006 - 2507 Del Paso Blvd. Sac, CA					
Litigation Flag	N	95815	1,631.52					

Claim #	509206	Part of Body	36 Finger(s)		Paid	Outstandin	Incurred	Accident Description: EMPLOYEE WAS UNLOADING THE TRUCK AND INJURED HIS FINGER BETWEEN A BOX AND A CART
Policy #	Z069822705	Injury	49 Sprain	Medical	\$240	\$0	\$240	
Pol State & Inc Yr	2012 - CA	Accident	13 Caught in NOC	Expense	\$41	\$0	\$41	
Claim Type	MEDICAL ONLY	Injury Date	10/17/2012 08:15AM	Total	\$282	\$0	\$282	
Claim Status	CLOSED	Reported Date	11/02/2012					
Claimant Name	JOSE LUIS ESPINOZA	Last Closed Date	11/13/2012					
Occupation	TRUCK DRIVER	Loss Location	0020 - 2432 Esplande, Chico, CA					
Litigation Flag	N	95926	281.74					

Claim #	512477	Part of Body	56 Foot		Paid	Outstandin	Incurred	Accident Description: I/W WAS LIFTING A FULL BOX, WHICH WAS TOO HEAVY FOR HIM AND HE DROPPED IT ON HIS RIGHT FOOT.
Policy #	Z069822705	Injury	10 Contusion	Medical	\$430	\$0	\$430	
Pol State & Inc Yr	2012 - CA	Accident	79 Object Being Lifted	Expense	\$76	\$0	\$76	
Claim Type	MEDICAL ONLY	Injury Date	12/07/2012 06:00PM	Total	\$506	\$0	\$506	
Claim Status	CLOSED	Reported Date	12/10/2012					
Claimant Name	ANTONIO HERNANDEZ	Last Closed Date	01/07/2013					
Occupation	NIGHT MANAGER	Loss Location	0005 - 1346 W. Main St, Merced, CA					
Litigation Flag	N	95340	505.65					

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	513026	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822705	Injury	10 Contusion	Medical	\$2,085	\$0	\$2,085	EMPLOYEE STATES WHILE CLOSING GATE, THE GATE FELL ON HER BACK CAUSING PAIN.
Pol State & Inc Yr	2012 - CA	Accident	75 Falling or Flying Object	Expense	\$143	\$0	\$143	
Claim Type	MEDICAL ONLY	Injury Date	12/16/2012 10:45AM	Total	\$2,229	\$0	\$2,229	
Claim Status	CLOSED	Reported Date	12/17/2012					
Claimant Name	MARIA ORTIZ	Last Closed Date	04/04/2013					
Occupation	NIGHT MANAGER	Loss Location	0010 - 1472 Bridge St. Yuba City, CA					
Litigation Flag	N		95973				2,228.61	

Claim #	513152	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822705	Injury	90 Multiple Physical Injuries	Medical	\$16,065	\$0	\$16,065	EMPLOYEE WAS STEPPING OUT OF THE BACK OF HIS TRUCK AND SLIPPED ON THE BUMPER. HE GRABBED THE HAND RAIL TO STOP HIS FALL AND FELT PAIN IN HIS ELBOW AND BACK.
Pol State & Inc Yr	2012 - CA	Accident	30 Slipped, Did not Fall	Indemnity	\$9,460	\$0	\$9,460	
Claim Type	INDEMNITY	Injury Date	12/14/2012 01:30PM	Expense	\$7,860	\$0	\$7,860	
Claim Status	CLOSED	Reported Date	12/17/2012	Total	\$33,385	\$0	\$33,385	
Claimant Name	JOHN HARRIS	Last Closed Date	05/29/2014					
Occupation	DRIVER-DONATION	Loss Location	0003 - 3274 Sonoma Blvd., Vallejo,					
Litigation Flag	Y		CA 94590				33,385.28	

Claim #	515468	Part of Body	61 Abdomen Including Groin		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822705	Injury	34 Hernia	Medical	\$6,006	\$0	\$6,006	EMPLOYEE STATES HE WAS CARRYING A HEAVY BOX AND HAD A STRANGE FEELING IN HIS STOMACH.
Pol State & Inc Yr	2012 - CA	Accident	56 Lifting	Indemnity	\$1,739	\$0	\$1,739	
Claim Type	INDEMNITY	Injury Date	01/14/2013 06:00PM	Expense	\$179	\$0	\$179	
Claim Status	CLOSED	Reported Date	01/16/2013	Total	\$7,924	\$0	\$7,924	
Claimant Name	GERMAN MENDOZA	Last Closed Date	05/29/2013					
Occupation	ELECTRICAL PRICER	Loss Location	0001 - 521 Front St., Santa Cruz, CA					
Litigation Flag	N		95060				7,923.83	

Claim #	515699	Part of Body	32 Elbow		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822705	Injury	52 Strain	Medical	\$458	\$0	\$458	WHILE WORKING YESTERDAY, STANDING IN LOADING DOCK, REACHING FOR A BOX FROM HIS TRUCK, HE FELL THROUGH CRACK BETWEEN TRUCK AND LOADING DOCK, SUSTAINING INJURIES TO HIS LEFT WRIST, ELBOW AND SHOULDER.
Pol State & Inc Yr	2012 - CA	Accident	25 From Different Level	Expense	\$72	\$0	\$72	
Claim Type	MEDICAL ONLY	Injury Date	01/17/2013	Total	\$531	\$0	\$531	
Claim Status	CLOSED	Reported Date	01/18/2013					
Claimant Name	DEREK SALMON	Last Closed Date	01/31/2013					
Occupation	GENERAL LABOR	Loss Location	0030 - 106 W. Main St. Woodland, CA					
Litigation Flag	N		95695				530.53	

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	516062	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822705	Injury	52 Strain	Medical	\$928	\$0	\$928	EMPLOYEE STATES HE WAS MOVING BOXES INSIDE OF THE SHIPPING CONTAINER AND FELT PAIN IN HIS LOWER BACK. HE REFUSED MEDICAL TREATMENT THE DAY OF HIS INJURY. HE SAID HE JUST WANTED TO GO HOME AND REST.
Pol State & Inc Yr	2012 - CA	Accident	57 Pushing or Pulling	Expense	\$95	\$0	\$95	
Claim Type	MEDICAL ONLY	Injury Date	01/22/2013 08:25AM	Total	\$1,023	\$0	\$1,023	
Claim Status	CLOSED	Reported Date	01/23/2013					
Claimant Name	SILVANO CERVANTES	Last Closed Date	03/26/2013					
Occupation	CONTAINER	Loss Location	0004 - 12863 Hwy 145, Madera, CA					
Litigation Flag	N		93638				1,023.40	

Claim #	516570	Part of Body	55 Ankle		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822705	Injury	52 Strain	Medical	\$219	\$0	\$219	EMPLOYEE FELL OFF LOADING DOCK AND INJURED AN UNKNOWN BODY PART.
Pol State & Inc Yr	2012 - CA	Accident	25 From Different Level	Expense	\$103	\$0	\$103	
Claim Type	MEDICAL ONLY	Injury Date	01/28/2013 06:30PM	Total	\$322	\$0	\$322	
Claim Status	CLOSED	Reported Date	01/29/2013					
Claimant Name	DEREK SALMON	Last Closed Date	02/22/2013					
Occupation	DRIVER	Loss Location	0030 - 106 W. Main St. Woodland, CA					
Litigation Flag	N		95695				321.77	

Claim #	516868	Part of Body	34 Wrist		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822705	Injury	52 Strain	Medical	\$146	\$0	\$146	EMPLOYEE STATES HE WAS LIFTING LARGE BALES OF CLOTHING AND HIS WRIST POPPED.
Pol State & Inc Yr	2012 - CA	Accident	56 Lifting	Expense	\$10	\$0	\$10	
Claim Type	MEDICAL ONLY	Injury Date	01/30/2013 10:00AM	Total	\$156	\$0	\$156	
Claim Status	CLOSED	Reported Date	01/31/2013					
Claimant Name	GERARDO QUEZADA	Last Closed Date	05/07/2013					
Occupation	BACK UP	Loss Location	0010 - 1472 Bridge St. Yuba City, CA					
Litigation Flag	N		95973				156.30	

Claim #	517534	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822705	Injury	52 Strain	Medical	\$1,401	\$0	\$1,401	EMPLOYEE STATES HE WAS CARRYING A TABLE AND WHEN HE SET IT DOWN HE TWEAKED HIS BACK.
Pol State & Inc Yr	2012 - CA	Accident	55 Holding or Carrying	Expense	\$146	\$0	\$146	
Claim Type	MEDICAL ONLY	Injury Date	02/05/2013 06:00PM	Total	\$1,547	\$0	\$1,547	
Claim Status	CLOSED	Reported Date	02/07/2013					
Claimant Name	LUIS CORONADO	Last Closed Date	03/29/2013					
Occupation	NIGHT MANAGER	Loss Location	0006 - 2507 Del Paso Blvd. Sac, CA					
Litigation Flag	N		95815				1,546.78	

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	521163	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822705	Injury	52 Strain	Medical	\$8,890	\$0	\$8,890	A WOMAN CRASHED HER VEHICLE THROUGH THE FRONT OF THE STORE. OUR EMPLOYEE SAW THE VEHICLE AND STARTING RUNNING AND FELL DOWN. AT HER REQUEST, SHE WAS TAKEN BY AMBULANCE TO THE HOSPITAL. EMPLOYEE REPORTS BACK INJURY
Pol State & Inc Yr	2012 - CA	Accident	50 Motor Vehicle NOC	Expense	\$17,647	\$0	\$17,647	
Claim Type	MEDICAL ONLY	Injury Date	03/17/2013 01:00PM	Total	\$26,538	\$0	\$26,538	
Claim Status	CLOSED	Reported Date	03/18/2013					
Claimant Name	ALMA OROZCO	Last Closed Date	02/01/2016					
Occupation	CASHIER	Loss Location	0003 - 3274 Sonoma Blvd., Vallejo, CA 94590					
Litigation Flag	Y		26,537.55					

Claim #	523517	Part of Body	90 Multiple Body Parts		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822705	Injury	90 Multiple Physical Injuries	Medical	\$492	\$0	\$492	EMPLOYEE WAS ON A LADDER PUTTING SOMETHING ON A TOP SHELF. THE LADDER STARTED TO SLIP CAUSING PAIN IN HER LEFT ARM.
Pol State & Inc Yr	2012 - CA	Accident	58 Reaching	Expense	\$102	\$0	\$102	
Claim Type	MEDICAL ONLY	Injury Date	04/10/2013 01:00PM	Total	\$594	\$0	\$594	
Claim Status	CLOSED	Reported Date	04/10/2013					
Claimant Name	LILIA GARCIA	Last Closed Date	06/21/2013					
Occupation	NIGHT MANAGER	Loss Location	0003 - 3274 Sonoma Blvd., Vallejo, CA 94590					
Litigation Flag	N		593.84					

Claim #	529702	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822705	Injury	59 All Other	Medical	\$41,579	\$0	\$41,579	EMPLOYEE STATES SHE WAS ASSAULTED WHILE TRYING TO STOP A SHOPLIFTER.
Pol State & Inc Yr	2012 - CA	Accident	89 Robbery or Crime Assault	Indemnity	\$39,852	\$0	\$39,852	
Claim Type	INDEMNITY	Injury Date	10/21/2012 10:40AM	Expense	\$15,916	\$0	\$15,916	
Claim Status	CLOSED	Reported Date	06/07/2013	Total	\$97,347	\$0	\$97,347	
Claimant Name	ARLENE PEREZ	Last Closed Date	08/28/2014					
Occupation	NIGHT MANAGER	Loss Location	0006 - 2507 Del Paso Blvd. Sac, CA 95815					
Litigation Flag	Y		97,346.76					

Claim #	461662	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822704	Injury	52 Strain	Medical	\$762	\$0	\$762	INJURED WORKER WAS EMPTYING A FULL TRASH CAN INTO THE DUMPSTER AND STRAINED HER BACK.
Pol State & Inc Yr	2011 - CA	Accident	56 Lifting	Expense	\$112	\$0	\$112	
Claim Type	MEDICAL ONLY	Injury Date	07/04/2011 10:30AM	Total	\$874	\$0	\$874	
Claim Status	CLOSED	Reported Date	07/06/2011					
Claimant Name	MARIA RODRIGUEZ	Last Closed Date	11/09/2011					
Occupation	SORTER	Loss Location	0010 - 1472 Bridge St. Yuba City, CA 95973					
Litigation Flag	N		873.79					

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	461670	Part of Body	31 Upper Arm		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822704	Injury	10 Contusion	Medical	\$656	\$0	\$656	EMPLOYEE WAS PULLING A VERY LARGE
Pol State & Inc Yr	2011 - CA	Accident	12 Object Handled	Expense	\$89	\$0	\$89	CART FULL OF MERCHANDISE WHILE
Claim Type	MEDICAL ONLY	Injury Date	07/05/2011 06:00PM	Total	\$746	\$0	\$746	ANOTHER EMPLOYEE WAS PUSHING. THE
Claim Status	CLOSED	Reported Date	07/06/2011					CART PUSHED HER ARM INTO THE DOOR.
Claimant Name	MICAELA RIVERA	Last Closed Date	09/14/2011					
Occupation	NIGHT MANAGER	Loss Location	0005 - 1346 W. Main St, Merced, CA					
Litigation Flag	N		95340					
								745.85

Claim #	462065	Part of Body	55 Ankle		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822704	Injury	49 Sprain	Medical	\$31,748	\$0	\$31,748	EMPLOYEE WAS CARRYING DONATED
Pol State & Inc Yr	2011 - CA	Accident	55 Holding or Carrying	Indemnity	\$7,537	\$0	\$7,537	ITEMS TO HIS TRUCK AND TWISTED HIS
Claim Type	INDEMNITY	Injury Date	07/11/2011 11:45AM	Expense	\$3,848	\$0	\$3,848	RIGHT ANKLE
Claim Status	CLOSED	Reported Date	07/11/2011	Total	\$43,132	\$0	\$43,132	
Claimant Name	JOSE LEON	Last Closed Date	05/19/2014					
Occupation	DRIVER	Loss Location	0020 - 2432 Esplande, Chico, CA					
Litigation Flag	Y		95926					
								43,132.18

Claim #	463151	Part of Body	55 Ankle		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822704	Injury	49 Sprain	Medical	\$543	\$0	\$543	EMPLOYEE WAS SORTING CLOTHING,
Pol State & Inc Yr	2011 - CA	Accident	53 Twisting	Expense	\$65	\$0	\$65	TURNED AND LOST BALANCE TWISTING
Claim Type	MEDICAL ONLY	Injury Date	07/21/2011 08:00AM	Total	\$608	\$0	\$608	THE LEFT ANKLE
Claim Status	CLOSED	Reported Date	07/21/2011					
Claimant Name	IRMA ALVARADO	Last Closed Date	08/15/2011					
Occupation	SORTER	Loss Location	0008 - 2735 Waterloo Rd, Stockton,					
Litigation Flag	N		CA 95205					
								607.96

Claim #	465283	Part of Body	91 Body System & Mult. Systems		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822704	Injury	19 Electric Shock	Medical	\$772	\$0	\$772	EMPLOYEE WAS PLUGGING IN A LAMP TO
Pol State & Inc Yr	2011 - CA	Accident	99 Other Injury NOC	Expense	\$31	\$0	\$31	SEE IF IT WORKED AND WAS SHOCKED.
Claim Type	MEDICAL ONLY	Injury Date	08/11/2011 01:45PM	Total	\$802	\$0	\$802	
Claim Status	CLOSED	Reported Date	08/11/2011					
Claimant Name	ADRIANA MARTIN	Last Closed Date	08/24/2011					
Occupation	CASHIER	Loss Location	0003 - 3274 Sonoma Blvd., Vallejo,					
Litigation Flag	N		CA 94590					
								802.44

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	470321	Part of Body	90 Multiple Body Parts		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822704	Injury	90 Multiple Physical Injuries	Medical	\$543	\$0	\$543	EMPLOYEE FELT SHARP PAIN AND
Pol State & Inc Yr	2011 - CA	Accident	60 Strain or Injury NOC	Expense	\$102	\$0	\$102	NUMBNESS IN HER RIGHT THUMB AND
Claim Type	MEDICAL ONLY	Injury Date	09/30/2011 01:30PM	Total	\$645	\$0	\$645	WRIST FROM REPETATIVE USE OF RIGHT
Claim Status	CLOSED	Reported Date	10/04/2011					HAND.
Claimant Name	TENETTE QUINTANILLA	Last Closed Date	01/18/2012					
Occupation	CLERICAL	Loss Location	0001 - 521 Front St., Santa Cruz, CA					
Litigation Flag	N	95060	645.02					

Claim #	470633	Part of Body	56 Foot		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822704	Injury	40 Laceration	Medical	\$521	\$0	\$521	EMPLOYEE WAS HELPING HIS COWORKERS
Pol State & Inc Yr	2011 - CA	Accident	79 Object Being Lifted	Expense	\$52	\$0	\$52	PUSH THE DUMPSTER. INSTEAD OF
Claim Type	MEDICAL ONLY	Injury Date	10/06/2011 08:49AM	Total	\$573	\$0	\$573	PUSHING FROM BEHIND LIKE THE OTHERS,
Claim Status	CLOSED	Reported Date	10/06/2011					HE DECIDED TO WALK TO THE FRONT.
Claimant Name	SERGIO BARRERA	Last Closed Date	11/15/2011					THAT'S WHEN THE DUMPSTER RAN OVER
Occupation	CONTAINER LOADER	Loss Location	0009 - 820 E. Sheilds Ave. Fresno CA					HIS LEFT FOOT.
Litigation Flag	N	93704	573.23					

Claim #	470766	Part of Body	34 Wrist		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822704	Injury	10 Contusion	Medical	\$859	\$0	\$859	EMPLOYEE WAS LIFTING A NIGHT STAND
Pol State & Inc Yr	2011 - CA	Accident	79 Object Being Lifted	Expense	\$112	\$0	\$112	TO STACK ON TOP OF ANOTHER NIGHT
Claim Type	MEDICAL ONLY	Injury Date	10/06/2011 07:00PM	Total	\$971	\$0	\$971	STAND. THE NIGHT STAND WAS TOO
Claim Status	CLOSED	Reported Date	10/07/2011					HEAVY FOR HER AND IT FELL AND HIT HER
Claimant Name	LILIA GARCIA	Last Closed Date	11/29/2011					RIGHT WRIST.
Occupation	NIGHT SUPERVISOR	Loss Location	0001 - 521 Front St., Santa Cruz, CA					
Litigation Flag	N	95060	971.07					

Claim #	471115	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822704	Injury	52 Strain	Medical	\$299	\$0	\$299	EMPLOYEE WAS LIFTING A BOX AND FELT
Pol State & Inc Yr	2011 - CA	Accident	56 Lifting	Expense	\$61	\$0	\$61	A PAIN IN HIS LOW BACK
Claim Type	MEDICAL ONLY	Injury Date	10/11/2011 02:00PM	Total	\$360	\$0	\$360	
Claim Status	CLOSED	Reported Date	10/12/2011					
Claimant Name	BRYAN REHM	Last Closed Date	10/24/2011					
Occupation	DRIVER	Loss Location	0003 - 3274 Sonoma Blvd., Vallejo,					
Litigation Flag	N	CA 94590	359.85					

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	472624	Part of Body	38 Shoulder(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822704	Injury	52 Strain	Medical	\$379	\$0	\$379	EMPLOYEE WAS PUSHING A RACK FULL OF CLOTHING OUT TO THE SALES FLOOR
Pol State & Inc Yr	2011 - CA	Accident	79 Object Being Lifted	Expense	\$81	\$0	\$81	WHEN THE WHEEL CAME OFF. THE RACK HIT HER LEFT SHOULDER.
Claim Type	MEDICAL ONLY	Injury Date	10/26/2011 02:00PM	Total	\$460	\$0	\$460	
Claim Status	CLOSED	Reported Date	10/27/2011					
Claimant Name	MARIA NICOLAS	Last Closed Date	01/30/2012					
Occupation	PRICER	Loss Location	0003 - 3274 Sonoma Blvd., Vallejo, CA 94590					
Litigation Flag	N		460.34					

Claim #	474809	Part of Body	36 Finger(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822704	Injury	10 Contusion	Medical	\$352	\$0	\$352	EMPLOYEE WAS LIFTING A NIGHT STAND TO PLACE IT ON TOP OF ANOTHER NIGHT STAND, AND IF FELL AND PINCHED HER RIGHT PINKY FINGER
Pol State & Inc Yr	2011 - CA	Accident	66 Object Being Lifted	Expense	\$81	\$0	\$81	
Claim Type	MEDICAL ONLY	Injury Date	11/20/2011 11:00AM	Total	\$434	\$0	\$434	
Claim Status	CLOSED	Reported Date	11/22/2011					
Claimant Name	LILIA GARCIA	Last Closed Date	12/13/2011					
Occupation	NIGHT MANAGER	Loss Location	0003 - 3274 Sonoma Blvd., Vallejo, CA 94590					
Litigation Flag	N		433.69					

Claim #	475240	Part of Body	56 Foot		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822704	Injury	10 Contusion	Medical	\$688	\$0	\$688	EMPLOYEE WAS HELPING A CO-WORKER MOVE A LARGE CART FULL OF CLOTHING WHEN THE WHEEL OF THE CART RAN OVER HIS LEFT FOOT.
Pol State & Inc Yr	2011 - CA	Accident	79 Object Being Lifted	Expense	\$41	\$0	\$41	
Claim Type	MEDICAL ONLY	Injury Date	11/28/2011 04:20PM	Total	\$729	\$0	\$729	
Claim Status	CLOSED	Reported Date	11/29/2011					
Claimant Name	LUIS GARCIA	Last Closed Date	12/16/2011					
Occupation	BACK UP	Loss Location	0002 - 2300 N. Texas, Fairfield, CA 94533					
Litigation Flag	N		728.80					

Claim #	475276	Part of Body	31 Upper Arm		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822704	Injury	10 Contusion	Medical	\$1,293	\$0	\$1,293	EMPLOYEE WAS WALKING BACKWARDS AND BUMPED HIS RIGHT ARM INTO A SMALL METAL CART
Pol State & Inc Yr	2011 - CA	Accident	68 Stationary Object	Expense	\$818	\$0	\$818	
Claim Type	MEDICAL ONLY	Injury Date	10/07/2011 01:00PM	Total	\$2,112	\$0	\$2,112	
Claim Status	CLOSED	Reported Date	11/29/2011					
Claimant Name	JORGE GONZALEZ	Last Closed Date	03/28/2012					
Occupation	BACK UP	Loss Location	0005 - 1346 W. Main St, Merced, CA 95340					
Litigation Flag	N		2,111.62					

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	476787	Part of Body	44 Chest		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822704	Injury	10 Contusion	Medical	\$1,743	\$0	\$1,743	EMPLOYEE WAS UNLOADING HIS TRUCK
Pol State & Inc Yr	2011 - CA	Accident	79 Object Being Lifted	Indemnity	\$651	\$0	\$651	WHEN A TABLE FELL AND HIT HIM ON HIS
Claim Type	INDEMNITY	Injury Date	12/15/2011 05:45PM	Expense	\$196	\$0	\$196	RIGHT SIDE.
Claim Status	CLOSED	Reported Date	12/16/2011	Total	\$2,590	\$0	\$2,590	
Claimant Name	FILIBERTO PORRAS	Last Closed Date	04/03/2012					
Occupation	DRIVER	Loss Location	0001 - 521 Front St., Santa Cruz, CA					
Litigation Flag	N		95060					
			2,590.33					

Claim #	482034	Part of Body	36 Finger(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822704	Injury	43 Puncture	Medical	\$495	\$0	\$495	EMPLOYEE WAS MOVING FURNITURE AND
Pol State & Inc Yr	2011 - CA	Accident	17 Object Being Lifted	Expense	\$102	\$0	\$102	A PIECE OF WOOD BECAME LOOSE AND
Claim Type	MEDICAL ONLY	Injury Date	02/15/2012 01:30PM	Total	\$597	\$0	\$597	PUNCTURED HIS LEFT HAND INDEX
Claim Status	CLOSED	Reported Date	02/17/2012					FINGER
Claimant Name	LILIA GARCIA	Last Closed Date	03/07/2012					
Occupation	NIGHT MANAGER	Loss Location	0020 - 2432 Esplande, Chico, CA					
Litigation Flag	N		95926					
			596.88					

Claim #	484029	Part of Body	57 Toe(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822704	Injury	10 Contusion	Medical	\$14,804	\$0	\$14,804	EMPLOYEE WAS PUSHING A CART WITH A
Pol State & Inc Yr	2011 - CA	Accident	79 Object Being Lifted	Indemnity	\$2,000	\$0	\$2,000	TV ON IT. THE CART WAS TOO SMALL AND
Claim Type	INDEMNITY	Injury Date	03/07/2012	Expense	\$2,027	\$0	\$2,027	BROKE CAUSING THE TV TO FALL AND HIS
Claim Status	CLOSED	Reported Date	03/08/2012	Total	\$18,831	\$0	\$18,831	EMPLOYEE'S RIGHT FOOT.
Claimant Name	JUAN RAMIREZ	Last Closed Date	04/04/2014					
Occupation	NIGHT MANAGER	Loss Location	0008 - 2735 Waterloo Rd, Stockton,					
Litigation Flag	Y		CA 95205					
			18,830.99					

Claim #	485859	Part of Body	44 Chest		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822704	Injury	49 Sprain	Medical	\$172	\$0	\$172	EMPLOYEE WAS LIFTING A BOX OF BOOKS
Pol State & Inc Yr	2011 - CA	Accident	53 Twisting	Expense	\$20	\$0	\$20	TO LOAD INTO HIS TRUCK. THE BOTTOM
Claim Type	MEDICAL ONLY	Injury Date	03/26/2012 01:15PM	Total	\$193	\$0	\$193	FELL OUT OF THE BOX AND WHEN HE
Claim Status	CLOSED	Reported Date	03/27/2012					TWISTED, HE STRAINED HIS LEFT SIDE.
Claimant Name	PEDRO PANTOJA	Last Closed Date	04/04/2012					
Occupation	DRIVER	Loss Location	0003 - 3274 Sonoma Blvd., Vallejo,					
Litigation Flag	N		CA 94590					
			192.84					

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	488309	Part of Body	33 Lower Arm		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822704	Injury	40 Laceration	Medical	\$191	\$0	\$191	EMPLOYEE WAS THROWING A LIGHT
Pol State & Inc Yr	2011 - CA	Accident	15 Broken Glass	Expense	\$11	\$0	\$11	FIXTURE IN TO THE BIN AT THE DUMP. IT
Claim Type	MEDICAL ONLY	Injury Date	04/20/2012 08:30AM	Total	\$201	\$0	\$201	HAD A BROKEN BULB AND WHEN HE
Claim Status	CLOSED	Reported Date	04/20/2012					PICKED IT UP TO TOSS IT, THE GLASS CUT
Claimant Name	GEORGE SKANDERUP	Last Closed Date	06/18/2012					HIS ARM.
Occupation	DRIVER	Loss Location	0001 - 521 Front St., Santa Cruz, CA					
Litigation Flag	N		95060					
								201.24

Claim #	489762	Part of Body	57 Toe(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822704	Injury	13 Crushing	Medical	\$917	\$0	\$917	EMPLOYEE WAS HELPING ANOTHER
Pol State & Inc Yr	2011 - CA	Accident	12 Object Handled	Expense	\$61	\$0	\$61	PERSON (NOT AN EMPLOYEE) PUSH A
Claim Type	MEDICAL ONLY	Injury Date	05/04/2012 12:30PM	Total	\$978	\$0	\$978	PIANO TO BE LOADED INTO HIS TRUCK.
Claim Status	CLOSED	Reported Date	05/04/2012					THE PIANO ROLLED OFF THE CURB AND
Claimant Name	PEDRO ROMAN	Last Closed Date	06/07/2012					FELL ON HIS TOES/FOOT.
Occupation	DRIVER	Loss Location	0007 - 2346 Florin Rd, Sacramento, CA					
Litigation Flag	N		95815					
								977.82

Claim #	490054	Part of Body	90 Multiple Body Parts		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822704	Injury	90 Multiple Physical Injuries	Medical	\$1,440	\$0	\$1,440	DOING NORMAL OFFICE DUTIES FELT PAIN
Pol State & Inc Yr	2011 - CA	Accident	60 Strain or Injury NOC	Expense	\$113	\$0	\$113	TO RIGHT SHOULDER/ARM TENDONS
Claim Type	MEDICAL ONLY	Injury Date	05/02/2012 01:00PM	Total	\$1,553	\$0	\$1,553	
Claim Status	CLOSED	Reported Date	05/08/2012					
Claimant Name	LYNDA GATES	Last Closed Date	08/01/2012					
Occupation	CLERK	Loss Location	0020 - 2432 Esplande, Chico, CA					
Litigation Flag	N		95926					
								1,553.47

Claim #	500823	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822704	Injury	80 All Other Cumulative	Medical	\$1,200	\$0	\$1,200	INSUFFICIENT INFORMATION TO
Pol State & Inc Yr	2011 - CA	Accident	98 Cumulative Injury	Expense	\$6,580	\$0	\$6,580	PROPERLY IDENTIFY
Claim Type	MEDICAL ONLY	Injury Date	06/08/2011	Total	\$7,780	\$0	\$7,780	
Claim Status	CLOSED	Reported Date	08/16/2012					
Claimant Name	PABLO RABAGO	Last Closed Date	07/20/2015					
Occupation	WORKER	Loss Location	0009 - 820 E. Sheilds Ave. Fresno CA					
Litigation Flag	Y		93704					
								7,780.35

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	429210	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822703	Injury	52 Strain	Medical	\$195	\$0	\$195	EMPLOYEE FELT PAIN IN HIS BACK WHILE
Pol State & Inc Yr	2010 - CA	Accident	56 Lifting	Expense	\$35	\$0	\$35	LIFTING AND LOADING BAGS AND OR
Claim Type	MEDICAL ONLY	Injury Date	05/31/2010 01:30PM	Total	\$230	\$0	\$230	BOXES ONTO HIS TRUCK.
Claim Status	CLOSED	Reported Date	06/03/2010					
Claimant Name	LUIS MONTES	Last Closed Date	08/03/2010					
Occupation	TRUCK DRIVER	Loss Location	0010 - 1472 Bridge St. Yuba City, CA					
Litigation Flag	N	95973	229.88					

Claim #	429223	Part of Body	90 Multiple Body Parts		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822703	Injury	59 All Other	Medical	\$1,923	\$0	\$1,923	EMPLOYEE WAS GETTING READY TO MOVE
Pol State & Inc Yr	2010 - CA	Accident	29 On Same Level	Expense	\$141	\$0	\$141	SOME BALES OF CLOTHING WHEN HE
Claim Type	MEDICAL ONLY	Injury Date	06/02/2010 08:30PM	Total	\$2,064	\$0	\$2,064	SLIPPED AND FELL, LANDING ON HIS
Claim Status	CLOSED	Reported Date	06/03/2010					BACK.
Claimant Name	ERIC CHAVEZ	Last Closed Date	10/20/2010					
Occupation	NIGHT MANAGER	Loss Location	0006 - 2507 Del Paso Blvd. Sac, CA					
Litigation Flag	N	95815	2,063.66					

Claim #	434654	Part of Body	14 Eye(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822703	Injury	25 Foreign Body	Medical	\$189	\$0	\$189	EMPLOYEE SAYS HE WAS WORKING AND
Pol State & Inc Yr	2010 - CA	Accident	75 Falling or Flying Object	Expense	\$31	\$0	\$31	SOMETHING ENTERED HIS EYE.
Claim Type	MEDICAL ONLY	Injury Date	08/03/2010 12:30PM	Total	\$219	\$0	\$219	
Claim Status	CLOSED	Reported Date	08/05/2010					
Claimant Name	JORGE GARCIA	Last Closed Date	10/05/2010					
Occupation	BACK UP	Loss Location	0010 - 1472 Bridge St. Yuba City, CA					
Litigation Flag	N	95973	219.28					

Claim #	434908	Part of Body	90 Multiple Body Parts		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822703	Injury	90 Multiple Physical Injuries	Medical	\$951	\$0	\$951	EMPLOYEE WAS WALKING AND DIDNT SEE
Pol State & Inc Yr	2010 - CA	Accident	31 Slip Fall Trip NOC	Expense	\$153	\$0	\$153	THE FORK LIFT
Claim Type	MEDICAL ONLY	Injury Date	08/09/2010 08:30AM	Total	\$1,104	\$0	\$1,104	
Claim Status	CLOSED	Reported Date	08/09/2010					
Claimant Name	JOSEFINA SANCHEZ	Last Closed Date	11/10/2010					
Occupation	SORTER	Loss Location	0003 - 3274 Sonoma Blvd., Vallejo,					
Litigation Flag	N	CA 94590	1,103.50					

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	435138	Part of Body	10 Multiple Head Injury		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822703	Injury	90 Multiple Physical Injuries	Medical	\$112	\$0	\$112	EMPLOYEE WAS USING A MANUAL BALER.
Pol State & Inc Yr	2010 - CA	Accident	76 Hand Tool or Machine in Use	Expense	\$11	\$0	\$11	HE WAS PULLING THE POLE TO TIGHTEN
Claim Type	MEDICAL ONLY	Injury Date	08/11/2010 09:25AM	Total	\$124	\$0	\$124	THE BALE AND IT SNAPPED OFF AT THE
Claim Status	CLOSED	Reported Date	08/11/2010					WELD, HITTING HIM IN THE FOREHEAD
Claimant Name	MARCOS GONZALEZ	Last Closed Date	09/22/2010					
Occupation	BACK UP	Loss Location	0020 - 2432 Esplande, Chico, CA					
Litigation Flag	N		95926 123.58					

Claim #	435992	Part of Body	39 Wrist(s) and Hand(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822703	Injury	52 Strain	Medical	\$1,434	\$0	\$1,434	EMPLOYEE SAYS HER HANDS GO NUMB AT
Pol State & Inc Yr	2010 - CA	Accident	60 Strain or Injury NOC	Expense	\$123	\$0	\$123	NIGHT AND HER WRIST IS NOW SORE
Claim Type	MEDICAL ONLY	Injury Date	08/20/2010	Total	\$1,557	\$0	\$1,557	FROM REPETITIVE USE OF HANDS TO
Claim Status	CLOSED	Reported Date	08/20/2010					WRITE AND TYPE.
Claimant Name	DEEDRA COLEMAN	Last Closed Date	05/06/2011					
Occupation	SUPERVISOR	Loss Location	0020 - 2432 Esplande, Chico, CA					
Litigation Flag	N		95926 1,557.37					

Claim #	437155	Part of Body	53 Knee		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822703	Injury	49 Sprain	Medical	\$676	\$0	\$676	EMPLOYEE WAS LIFTING A COUCH WITH
Pol State & Inc Yr	2010 - CA	Accident	53 Twisting	Expense	\$71	\$0	\$71	THE HELP OF A CO-WORKER AND TWISTED
Claim Type	MEDICAL ONLY	Injury Date	09/02/2010 07:25PM	Total	\$747	\$0	\$747	HIS RIGHT KNEE.
Claim Status	CLOSED	Reported Date	09/03/2010					
Claimant Name	JAVIER GONZALEZ	Last Closed Date	12/07/2010					
Occupation	BALER	Loss Location	0003 - 3274 Sonoma Blvd., Vallejo,					
Litigation Flag	N		CA 94590 746.76					

Claim #	441921	Part of Body	53 Knee		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822703	Injury	52 Strain	Medical	\$1,913	\$0	\$1,913	EMPLOYEE WAS KNEELING TO DRESS A
Pol State & Inc Yr	2010 - CA	Accident	60 Strain or Injury NOC	Expense	\$167	\$0	\$167	MANEQUIN AND SHE SAID THAT SHE FELT
Claim Type	MEDICAL ONLY	Injury Date	10/30/2010	Total	\$2,080	\$0	\$2,080	PAIN IN HER RIGHT KNEE WHEN SHE
Claim Status	CLOSED	Reported Date	11/01/2010					STOOD UP.
Claimant Name	MICAELA RIVERA	Last Closed Date	12/20/2010					
Occupation	CASHIER	Loss Location	0005 - 1346 W. Main St, Merced, CA					
Litigation Flag	N		95340 2,079.60					

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	442113	Part of Body	90 Multiple Body Parts		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822703	Injury	90 Multiple Physical Injuries	Medical	\$1,578	\$0	\$1,578	INJURED WORKER WAS STAPLING PAPER
Pol State & Inc Yr	2010 - CA	Accident	60 Strain or Injury NOC	Expense	\$185	\$0	\$185	PRICE TAGS TO CLOTHING CAUSING HER
Claim Type	MEDICAL ONLY	Injury Date	10/26/2010 12:00PM	Total	\$1,763	\$0	\$1,763	RIGHT HAND AND ELBOW TO HURT.
Claim Status	CLOSED	Reported Date	11/03/2010					
Claimant Name	TERESA RAMIREZ	Last Closed Date	01/03/2011					
Occupation	KIDS/MENS PRICER	Loss Location	0009 - 820 E. Sheilds Ave. Fresno CA					
Litigation Flag	N		93704					
								1,762.54

Claim #	442211	Part of Body	31 Upper Arm		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822703	Injury	52 Strain	Medical	\$316	\$0	\$316	INJURED WORKER FELT PAIN IN HER LEFT
Pol State & Inc Yr	2010 - CA	Accident	56 Lifting	Expense	\$38	\$0	\$38	ARM FROM LIFTING TOO MANY GARMENTS
Claim Type	MEDICAL ONLY	Injury Date	10/25/2010	Total	\$354	\$0	\$354	AT ONE TIME.
Claim Status	CLOSED	Reported Date	11/04/2010					
Claimant Name	MARIA RAZO	Last Closed Date	12/14/2010					
Occupation	LADIES PRICER	Loss Location	0009 - 820 E. Sheilds Ave. Fresno CA					
Litigation Flag	N		93704					
								353.98

Claim #	444572	Part of Body	32 Elbow		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822703	Injury	37 Inflammation	Medical	\$386	\$0	\$386	EMPLOYEE DOES NOT NOW HOW OR WHEN
Pol State & Inc Yr	2010 - CA	Accident	60 Strain or Injury NOC	Indemnity	\$122	\$0	\$122	THE INJURY OCCURRED.
Claim Type	INDEMNITY	Injury Date	12/06/2010 04:00PM	Expense	\$705	\$0	\$705	
Claim Status	CLOSED	Reported Date	12/08/2010	Total	\$1,213	\$0	\$1,213	
Claimant Name	JUAN GONZALEZ	Last Closed Date	03/21/2011					
Occupation	BACK UP	Loss Location	0005 - 1346 W. Main St, Merced, CA					
Litigation Flag	N		95340					
								1,212.80

Claim #	445165	Part of Body	90 Multiple Body Parts		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822703	Injury	59 All Other	Medical	\$1,008	\$0	\$1,008	INJURED WORKER WAS STACKING LARGE
Pol State & Inc Yr	2010 - CA	Accident	56 Lifting	Expense	\$733	\$0	\$733	BALES OF CLOTHES AND FELT A PAIN IN
Claim Type	MEDICAL ONLY	Injury Date	12/06/2010 11:40AM	Total	\$1,740	\$0	\$1,740	HIS BACK
Claim Status	CLOSED	Reported Date	12/16/2010					
Claimant Name	ALBERTO CHARCO	Last Closed Date	03/17/2011					
Occupation	BACK UP	Loss Location	0008 - 2735 Waterloo Rd, Stockton,					
Litigation Flag	N		CA 95205					
								1,740.09

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	445734	Part of Body	44 Chest		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822703	Injury	04 Burn	Medical	\$44,779	\$0	\$44,779	EMPLOYEE WAS SORTING THROUGH A BOX OF CLOTHING THAT CONTAINED A SMALL
Pol State & Inc Yr	2010 - CA	Accident	82 Absorption/Ingestion/Inhalatio	Indemnity	\$8,160	\$0	\$8,160	BOX OF A POWDERY SUBSTANCE. HE
Claim Type	INDEMNITY	Injury Date	12/23/2010 11:40AM	Expense	\$13,492	\$0	\$13,492	SAYS IT WAS TSP. THE SUBSTANCE
Claim Status	CLOSED	Reported Date	12/27/2010	Total	\$66,431	\$0	\$66,431	IRRITATED HIS EYES AND SKIN.
Claimant Name	SANTOS CALDERON	Last Closed Date	12/19/2013					
Occupation	BACK UP	Loss Location	0003 - 3274 Sonoma Blvd., Vallejo,					
Litigation Flag	Y		CA 94590					
			66,431.21					

Claim #	446891	Part of Body	38 Shoulder(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822703	Injury	52 Strain	Medical	\$855	\$0	\$855	A CO WORKER GOT INTO A HEATED
Pol State & Inc Yr	2010 - CA	Accident	53 Twisting	Expense	\$122	\$0	\$122	CONVERSATION WITH LILIA. WHEN SHE
Claim Type	MEDICAL ONLY	Injury Date	01/12/2011 12:45PM	Total	\$978	\$0	\$978	TURNED TO LEAVE AND REPORT THE
Claim Status	CLOSED	Reported Date	01/13/2011					PROBLEM, HE GRABBED HER BY HER
Claimant Name	LILIA GARCIA	Last Closed Date	04/19/2011					RIGHT SHOULDER TO STOP HER.
Occupation	NIGHT SUPERVISOR	Loss Location	0003 - 3274 Sonoma Blvd., Vallejo,					
Litigation Flag	N		CA 94590					
			977.55					

Claim #	452680	Part of Body	36 Finger(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822703	Injury	43 Puncture	Medical	\$349	\$0	\$349	EMPLOYEE CUT HER FINGER ON THE
Pol State & Inc Yr	2010 - CA	Accident	16 Hand Tool/Utensils Not Powered	Expense	\$54	\$0	\$54	STAPLES
Claim Type	MEDICAL ONLY	Injury Date	03/29/2011 11:15AM	Total	\$404	\$0	\$404	
Claim Status	CLOSED	Reported Date	03/29/2011					
Claimant Name	MARTHA P RUIZ	Last Closed Date	04/26/2011					
Occupation	PRICER	Loss Location	0008 - 2735 Waterloo Rd, Stockton,					
Litigation Flag	N		CA 95205					
			403.53					

Claim #	456320	Part of Body	36 Finger(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822703	Injury	28 Fracture	Medical	\$2,021	\$0	\$2,021	INJURED WORKER WAS USING A BALER TO
Pol State & Inc Yr	2010 - CA	Accident	12 Object Handled	Indemnity	\$136	\$0	\$136	BALE CLOTHING AND SOMEHOW GOT HIS
Claim Type	INDEMNITY	Injury Date	05/04/2011 03:30PM	Expense	\$245	\$0	\$245	RIGHT MIDDLE FINGER CAUGHT IN IT.
Claim Status	CLOSED	Reported Date	05/09/2011	Total	\$2,402	\$0	\$2,402	
Claimant Name	LARRY GONZALEZ	Last Closed Date	06/11/2012					
Occupation	WAREHOUSE/CONTAIN	Loss Location	0006 - 2507 Del Paso Blvd. Sac, CA					
Litigation Flag	N		95815					
			2,402.37					

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	456983	Part of Body	53 Knee		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822703	Injury	59 All Other	Medical	\$1,694	\$0	\$1,694	RATHER THAN USE THE LIFT GATE TO LIFT HIMSELF UP INTO THE SHIPPING CONTAINER, EMPLOYEE DECIDED TO TRY TO JUMP UP ONTO IT. THE CONTAINER FLOOR IS APPROXIMATELY 45 INCHES FROM THE GROUND. HE MISSED AND HIT HIS LEFT KNEE.
Pol State & Inc Yr	2010 - CA	Accident	25 From Different Level	Expense	\$158	\$0	\$158	
Claim Type	MEDICAL ONLY	Injury Date	05/13/2011 11:45AM	Total	\$1,852	\$0	\$1,852	
Claim Status	CLOSED	Reported Date	05/16/2011					
Claimant Name	RAFAEL DIAZ, JR	Last Closed Date	07/14/2011					
Occupation	CONTAINER HELPER	Loss Location	0004 - 12863 Hwy 145, Madera, CA					
Litigation Flag	N		93638				1,851.84	

Claim #	457635	Part of Body	31 Upper Arm		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822703	Injury	52 Strain	Medical	\$1,003	\$0	\$1,003	
Pol State & Inc Yr	2010 - CA	Accident	60 Strain or Injury NOC	Expense	\$61	\$0	\$61	
Claim Type	MEDICAL ONLY	Injury Date	04/25/2011 10:00AM	Total	\$1,064	\$0	\$1,064	
Claim Status	CLOSED	Reported Date	05/23/2011					
Claimant Name	CAROLINA RUIZ	Last Closed Date	08/23/2011					
Occupation	MISC. PRICER	Loss Location	0002 - 2300 N. Texas, Fairfield, CA					
Litigation Flag	N		94533				1,063.61	

Claim #	401049	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822702	Injury	52 Strain	Medical	\$493	\$0	\$493	THE EMPLOYEE WAS LIFTING A HEAVY BALE OF CLOTHING TO STACK ON THE TRAILER. HALF WAY UP, HE FELT A PAIN IN HIS LOWER BACK.
Pol State & Inc Yr	2009 - CA	Accident	56 Lifting	Indemnity	\$282	\$0	\$282	
Claim Type	INDEMNITY	Injury Date	05/18/2009 09:20AM	Expense	\$0	\$0	\$0	
Claim Status	CLOSED	Reported Date	05/18/2009	Total	\$775	\$0	\$775	
Claimant Name	ROBERTO REYES	Last Closed Date	07/17/2009					
Occupation	BACK UP	Loss Location	0010 - 1472 Bridge St. Yuba City, CA					
Litigation Flag	N		95973				774.69	

Claim #	404274	Part of Body	53 Knee		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822702	Injury	10 Contusion	Medical	\$256	\$0	\$256	While the employee was inside the back of his truck loading he slipped and fell on to his knee.
Pol State & Inc Yr	2009 - CA	Accident	31 Slip Fall Trip NOC	Expense	\$10	\$0	\$10	
Claim Type	MEDICAL ONLY	Injury Date	06/26/2009 10:40AM	Total	\$266	\$0	\$266	
Claim Status	CLOSED	Reported Date	06/29/2009					
Claimant Name	JULIO BERROTERAN	Last Closed Date	07/29/2009					
Occupation	TRUCK DRIVER	Loss Location	0020 - 2432 Esplande, Chico, CA					
Litigation Flag	N		95926				265.77	

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	408269	Part of Body	38 Shoulder(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822702	Injury	80 All Other Cumulative	Medical	\$7,850	\$0	\$7,850	CUMULATIVE TRAUMA FROM REPETITIVE
Pol State & Inc Yr	2009 - CA	Accident	98 Cumulative Injury	Indemnity	\$828	\$0	\$828	JOB DUTIES CAUSING BURNING AND PAIN
Claim Type	INDEMNITY	Injury Date	06/15/2009 02:00PM	Expense	\$256	\$0	\$256	IN ARMS, NECK AND SHOULDERS
Claim Status	CLOSED	Reported Date	08/17/2009	Total	\$8,933	\$0	\$8,933	
Claimant Name	DULCE ZARAGOZA	Last Closed Date	03/04/2011					
Occupation	BINS PRICER	Loss Location	0020 - 2432 Esplande, Chico, CA					
Litigation Flag	N		95926					8,932.66

Claim #	410130	Part of Body	53 Knee		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822702	Injury	52 Strain	Medical	\$0	\$0	\$0	STROLLER HIT FOOT
Pol State & Inc Yr	2009 - CA	Accident	80 Object Handled by Others	Expense	\$635	\$0	\$635	
Claim Type	MEDICAL ONLY	Injury Date	09/09/2009 12:00PM	Total	\$635	\$0	\$635	
Claim Status	CLOSED	Reported Date	09/09/2009					
Claimant Name	ALBERT SMITH	Last Closed Date	12/14/2009					
Occupation	TRUCK DRIVER	Loss Location	0001 - 521 Front St., Santa Cruz, CA					
Litigation Flag	N		95060					635.18

Claim #	410811	Part of Body	90 Multiple Body Parts		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822702	Injury	90 Multiple Physical Injuries	Medical	\$592	\$0	\$592	EMPLOYEE FELT PAIN IN HER RIGHT ARM
Pol State & Inc Yr	2009 - CA	Accident	59 Using Tool or Machine	Expense	\$0	\$0	\$0	WHILE STAPLING TAGS TO CLOTHING.
Claim Type	MEDICAL ONLY	Injury Date	09/15/2009 02:00PM	Total	\$592	\$0	\$592	
Claim Status	CLOSED	Reported Date	09/17/2009					
Claimant Name	YOLANDA CARDONA	Last Closed Date	11/05/2009					
Occupation	PRICER	Loss Location	0001 - 521 Front St., Santa Cruz, CA					
Litigation Flag	N		95060					591.69

Claim #	418822	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822702	Injury	52 Strain	Medical	\$640	\$0	\$640	UNLOADING A TRUCK
Pol State & Inc Yr	2009 - CA	Accident	56 Lifting	Expense	\$93	\$0	\$93	
Claim Type	MEDICAL ONLY	Injury Date	01/11/2010 11:00AM	Total	\$733	\$0	\$733	
Claim Status	CLOSED	Reported Date	01/13/2010					
Claimant Name	JULIO BERROTERAN	Last Closed Date	06/04/2010					
Occupation	TRUCK DRIVER	Loss Location	0020 - 2432 Esplande, Chico, CA					
Litigation Flag	N		95926					732.57

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	420882	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822702	Injury	52 Strain	Medical	\$2,519	\$0	\$2,519	INJURED WORKER WAS UNLOADING BOXES OF MISCELLANEOUS ITEMS FROM A LARGE CART ONTO HER WORK TABLE AND UNPACKING THEM AND STRAINED HER BACK.
Pol State & Inc Yr	2009 - CA	Accident	56 Lifting	Expense	\$809	\$0	\$809	
Claim Type	MEDICAL ONLY	Injury Date	01/18/2010 10:30AM	Total	\$3,328	\$0	\$3,328	
Claim Status	CLOSED	Reported Date	02/12/2010					
Claimant Name	ELSA RIVAS	Last Closed Date	03/04/2011					
Occupation	MISCELLANEOUS	Loss Location	0006 - 2507 Del Paso Blvd. Sac, CA					
Litigation Flag	N		95815				3,328.36	

Claim #	421068	Part of Body	34 Wrist		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822702	Injury	52 Strain	Medical	\$430	\$0	\$430	EMPLOYEE WAS INSIDE A LARGE TRUCKING CONTAINER AND HE SLIPPED ON SOME BROKEN GLASS AND HE FELL BACKWARD ON HIS WRIST.
Pol State & Inc Yr	2009 - CA	Accident	31 Slip Fall Trip NOC	Expense	\$76	\$0	\$76	
Claim Type	MEDICAL ONLY	Injury Date	02/13/2010 11:30AM	Total	\$506	\$0	\$506	
Claim Status	CLOSED	Reported Date	02/16/2010					
Claimant Name	ANTONIO ZUNIGA	Last Closed Date	04/29/2010					
Occupation	BACK UP WORKER	Loss Location	0003 - 3274 Sonoma Blvd., Vallejo,					
Litigation Flag	N		CA 94590				506.13	

Claim #	422448	Part of Body	38 Shoulder(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822702	Injury	52 Strain	Medical	\$46,925	\$0	\$46,925	INJURED WORKER WAS WAITING ON A CUSTOMER WHEN TO CUSTOMER SHE HAD JUST WAITED ON SWUNG A QUILT OVER HIS SHOULDER HITTING HER ON HER LEFT SIDE OF THE FACE AND NECK.
Pol State & Inc Yr	2009 - CA	Accident	80 Object Handled by Others	Indemnity	\$25,614	\$0	\$25,614	
Claim Type	INDEMNITY	Injury Date	03/07/2010 05:45PM	Expense	\$2,972	\$0	\$2,972	
Claim Status	CLOSED	Reported Date	03/08/2010	Total	\$75,511	\$0	\$75,511	
Claimant Name	MARTA MARQUEZ	Last Closed Date	05/18/2012					
Occupation	CASHIER	Loss Location	0001 - 521 Front St., Santa Cruz, CA					
Litigation Flag	Y		95060				75,510.60	

Claim #	423058	Part of Body	90 Multiple Body Parts		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822702	Injury	90 Multiple Physical Injuries	Medical	\$237	\$0	\$237	EMPLOYEE WAS PUSHING A DOLLY WITH A TRASH CAN ON IT. WHEN SHE OPENED THE DOOR, A RAMP WHICH WAS LEANING UP AGAINST THE BUILDING SLIPPED AND HIT HER RIGHT SHOULDER. I'M NOT SURE IF SHE HIT THE RAMP WITH THE DOLLY.
Pol State & Inc Yr	2009 - CA	Accident	70 Strike Step on NOC	Expense	\$49	\$0	\$49	
Claim Type	MEDICAL ONLY	Injury Date	03/15/2010 10:30AM	Total	\$286	\$0	\$286	
Claim Status	CLOSED	Reported Date	03/16/2010					
Claimant Name	ADRIANA MARTIN	Last Closed Date	04/21/2010					
Occupation	MISC PRICER	Loss Location	0003 - 3274 Sonoma Blvd., Vallejo,					
Litigation Flag	N		CA 94590				285.89	

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	425815	Part of Body	61 Abdomen Including Groin		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822702	Injury	52 Strain	Medical	\$4,989	\$0	\$4,989	PUSHING CARTS
Pol State & Inc Yr	2009 - CA	Accident	57 Pushing or Pulling	Indemnity	\$856	\$0	\$856	
Claim Type	INDEMNITY	Injury Date	04/19/2010	Expense	\$973	\$0	\$973	
Claim Status	CLOSED	Reported Date	04/22/2010	Total	\$6,818	\$0	\$6,818	
Claimant Name	MARIA CHAVEZ	Last Closed Date	11/15/2010					
Occupation	SORTER	Loss Location	0002 - 2300 N. Texas, Fairfield, CA					
Litigation Flag	N	94533	6,817.98					

Claim #	427135	Part of Body	53 Knee		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822702	Injury	52 Strain	Medical	\$19,660	\$0	\$19,660	INJURED WORKER WAS STEPPING DOWN
Pol State & Inc Yr	2009 - CA	Accident	25 From Different Level	Indemnity	\$12,480	\$0	\$12,480	OFF OF A PORCH AND LANDED WRONG
Claim Type	INDEMNITY	Injury Date	05/07/2010 12:30PM	Expense	\$3,574	\$0	\$3,574	AND FELT PAIN IN THE BACK OF HIS
Claim Status	CLOSED	Reported Date	05/10/2010	Total	\$35,715	\$0	\$35,715	RIGHT KNEE
Claimant Name	CELERINO	Last Closed Date	10/27/2011					
Occupation	TRUCK DRIVER	Loss Location	0001 - 521 Front St., Santa Cruz, CA					
Litigation Flag	Y	95060	35,714.74					

Claim #	371279	Part of Body	57 Toe(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822701	Injury	10 Contusion	Medical	\$393	\$0	\$393	EMPLOYEE STATED SHE WAS PULLING A
Pol State & Inc Yr	2008 - CA	Accident	99 Other Injury NOC	Expense	\$0	\$0	\$0	VERY LARGE CART FULL OF CLOTHING AND
Claim Type	MEDICAL ONLY	Injury Date	06/06/2008 08:25AM	Total	\$393	\$0	\$393	RAN OVER HER RIGHT FOOT.
Claim Status	CLOSED	Reported Date	06/06/2008					
Claimant Name	ERIKA GARCIA	Last Closed Date	07/01/2008					
Occupation	MISC. PRICER							
Litigation Flag	N		392.79					

Claim #	371346	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822701	Injury	10 Contusion	Medical	\$1,610	\$0	\$1,610	EMPLOYEE STATED SHE WAS PULLING A
Pol State & Inc Yr	2008 - CA	Accident	79 Object Being Lifted	Expense	\$0	\$0	\$0	BOX OF SHOES FROM BETWEEN 2 LARGE
Claim Type	MEDICAL ONLY	Injury Date	06/06/2008 12:40PM	Total	\$1,610	\$0	\$1,610	BALES OF CLOTHING, THE BALE FELL OVER
Claim Status	CLOSED	Reported Date	06/09/2008					ONTO HER BACK AND RIGHT SHOULDER
Claimant Name	HILDA HERNANDEZ	Last Closed Date	08/11/2008					AREA.
Occupation	BINS/SHOE PRICER							
Litigation Flag	N		1,609.92					

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	372408	Part of Body	48 Internal Organs		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822701	Injury	59 All Other	Medical	\$1,080	\$0	\$1,080	THE EMPLOYEE WAS STEPPING OFF THE LOADING DOCK AND SAID WHEN HE LANDED, HE FELT FUNNY. HE SAID HE DID NOT FEEL BAD ENOUGH TO SEE A DOCTOR AND WORKED HIS FULL SHIFT.
Pol State & Inc Yr	2008 - CA	Accident	90 Other than Physical	Expense	\$0	\$0	\$0	
Claim Type	MEDICAL ONLY	Injury Date	06/16/2008 07:30AM	Total	\$1,080	\$0	\$1,080	
Claim Status	CLOSED	Reported Date	06/17/2008					
Claimant Name	EARL EGGERT	Last Closed Date	09/12/2008					
Occupation	truck driver							
Litigation Flag	N							
							1,079.68	

Claim #	372489	Part of Body	90 Multiple Body Parts		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822701	Injury	90 Multiple Physical Injuries	Medical	\$237	\$0	\$237	WHILE USING A LUG WRENCH, EMPLOYEE WAS LOOSENING LUG NUTS AND THE WRENCH SLIPPED AND HIT HIM IN THE FACE AND EYE
Pol State & Inc Yr	2008 - CA	Accident	79 Object Being Lifted	Expense	\$0	\$0	\$0	
Claim Type	MEDICAL ONLY	Injury Date	06/18/2008 02:38PM	Total	\$237	\$0	\$237	
Claim Status	CLOSED	Reported Date	06/19/2008					
Claimant Name	MOISES DIAZ	Last Closed Date	08/25/2008					
Occupation	TRUCK DRIVER							
Litigation Flag	N						237.23	

Claim #	372540	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822701	Injury	52 Strain	Medical	\$57,260	\$0	\$57,260	Claimant was lifting and loading furniture into his truck and twisted the wrong way when he felt pain on his back.
Pol State & Inc Yr	2008 - CA	Accident	56 Lifting	Indemnity	\$37,063	\$0	\$37,063	
Claim Type	INDEMNITY	Injury Date	06/16/2008 10:30AM	Expense	\$3,530	\$0	\$3,530	
Claim Status	CLOSED	Reported Date	06/17/2008	Total	\$97,853	\$0	\$97,853	
Claimant Name	DAVID CRUZ	Last Closed Date	03/30/2012					
Occupation	Driver							
Litigation Flag	Y						97,852.72	

Claim #	378616	Part of Body	11 Skull		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822701	Injury	07 Concussion	Medical	\$41,903	\$0	\$41,903	EMPLOYEE WAS WALKING INTO THE BACK ROOM AND BUMPED HIS HEAD ON THE RUBBER BOTTOM OF THE ROLLUP DOOR. OUR VIDEO TAPE SHOWS HIM BUMPING HIS HEAD, RUBBING THE TOP OF HIS HEAD, STOPS TO TALK TO A COWORKER AND THEN CONTINUES WALKING TO HIS SUPERVISORS OFFICE. HE TOLD HIS SUPERVISOR DURING GENERAL CONVERSATION THAT HE BUMPED HIS HEAD BUT DIDN'T MENTION HE WAS INJURED OR NEEDED TO SEE A DOCTOR
Pol State & Inc Yr	2008 - CA	Accident	68 Stationary Object	Indemnity	\$23,628	\$0	\$23,628	
Claim Type	INDEMNITY	Injury Date	08/13/2008 07:30AM	Expense	\$4,256	\$0	\$4,256	
Claim Status	CLOSED	Reported Date	08/14/2008	Total	\$69,787	\$0	\$69,787	
Claimant Name	ALBERT SMITH	Last Closed Date	01/31/2011					
Occupation	TRUCK DRIVER	Loss Location	0006 - 2507 Del Paso Blvd. Sac, CA					
Litigation Flag	Y	95815	69,786.91					

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	378777	Part of Body	32 Elbow		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822701	Injury	52 Strain	Medical	\$1,624	\$0	\$1,624	EMPLOYEE WAS PUTTING AWAY CLOTHING
Pol State & Inc Yr	2008 - CA	Accident	68 Stationary Object	Indemnity	\$925	\$0	\$925	ON THE SALES FLOOR. SHE TURNED LEFT
Claim Type	INDEMNITY	Injury Date	08/04/2008 03:30PM	Expense	\$0	\$0	\$0	AND HIT HER ELBOW ON A CLOTHING
Claim Status	CLOSED	Reported Date	08/15/2008	Total	\$2,549	\$0	\$2,549	RACK.
Claimant Name	DULCE ZARAGOZA	Last Closed Date	02/27/2009					
Occupation	BINS & SHOES PRICER	Loss Location	0020 - 2432 Esplande, Chico, CA					
Litigation Flag	N		95926					
								2,548.91

Claim #	379614	Part of Body	91 Body System & Mult. Systems		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822701	Injury	90 Multiple Physical Injuries	Medical	\$568	\$0	\$568	WHILE STEPPING DOWN FROM A TRAILER,
Pol State & Inc Yr	2008 - CA	Accident	60 Strain or Injury NOC	Expense	\$0	\$0	\$0	EMPLOYEE GRABBED ONTO A LARGE CART
Claim Type	MEDICAL ONLY	Injury Date	08/25/2008 09:45AM	Total	\$568	\$0	\$568	FULL OF MERCHANDISE. THE CART IS ON
Claim Status	CLOSED	Reported Date	08/25/2008					WHEELS AND IT SLIPPED CAUSEING PAIN
Claimant Name	JORGE MENDOZA	Last Closed Date	09/23/2008					TO HIS LEFT ELBOW.
Occupation	BACKUP	Loss Location	0004 - 12863 Hwy 145, Madera, CA					
Litigation Flag	N		93638					
								568.49

Claim #	380476	Part of Body	44 Chest		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822701	Injury	28 Fracture	Medical	\$1,969	\$0	\$1,969	EMPLOYEE STATED HE WAS GETTING OUT
Pol State & Inc Yr	2008 - CA	Accident	31 Slip Fall Trip NOC	Indemnity	\$2,361	\$0	\$2,361	OF THE TRUCK AND TRIPPED OVER A BAG
Claim Type	INDEMNITY	Injury Date	09/02/2008 05:30PM	Expense	\$0	\$0	\$0	OF MERCHANDISE, HE FELL OUT OF THE
Claim Status	CLOSED	Reported Date	09/03/2008	Total	\$4,330	\$0	\$4,330	TRUCK ONTO HIS RIGHT SIDE.
Claimant Name	JACK STROSNIER	Last Closed Date	02/27/2009					
Occupation	TRUCK DRIVER	Loss Location	0002 - 2300 N. Texas, Fairfield, CA					
Litigation Flag	N		94533					
								4,329.68

Claim #	383060	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822701	Injury	52 Strain	Medical	\$218	\$0	\$218	EMPLOYEE STATED SHE BENT OVER TO
Pol State & Inc Yr	2008 - CA	Accident	56 Lifting	Expense	\$0	\$0	\$0	PICK UP A BOX OF MERCHANDISE, IT WAS
Claim Type	MEDICAL ONLY	Injury Date	09/27/2008 05:30PM	Total	\$218	\$0	\$218	HEAVIER THAN SHE THOUGHT AND PICKED
Claim Status	CLOSED	Reported Date	09/29/2008					IT UP ANYWAY AND FELT SHARP PAIN IN
Claimant Name	MARIANA NUNEZ	Last Closed Date	10/31/2008					HER BACK.
Occupation	NIGHT SUPERVISOR	Loss Location	0002 - 2300 N. Texas, Fairfield, CA					
Litigation Flag	N		94533					
								218.47

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	388585	Part of Body	36 Finger(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822701	Injury	10 Contusion	Medical	\$223	\$0	\$223	EMPLOYEE STATES: HE WAS LOADING A COUCH INTO HIS TRUCK AND SMASHED HIS FINGERNAIL.
Pol State & Inc Yr	2008 - CA	Accident	79 Object Being Lifted	Expense	\$11	\$0	\$11	
Claim Type	MEDICAL ONLY	Injury Date	12/02/2008 01:00PM	Total	\$233	\$0	\$233	
Claim Status	CLOSED	Reported Date	12/03/2008					
Claimant Name	ARTURO ARCIGA	Last Closed Date	03/01/2010					
Occupation	TRUCK DRIVER	Loss Location	0001 - 521 Front St., Santa Cruz, CA					
Litigation Flag	N		95060				233.37	

Claim #	388781	Part of Body	57 Toe(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822701	Injury	10 Contusion	Medical	\$321	\$0	\$321	EMPLOYEE STATES: SHE WAS PULLING WHILE A COWORKER WAS PUSHING A VERY LARGE, FULL CART OF CLOTHING. THE CART RAN OVER HER FOOT.
Pol State & Inc Yr	2008 - CA	Accident	66 Object Being Lifted	Expense	\$0	\$0	\$0	
Claim Type	MEDICAL ONLY	Injury Date	12/04/2008 07:15AM	Total	\$321	\$0	\$321	
Claim Status	CLOSED	Reported Date	12/04/2008					
Claimant Name	ANGELICA MARTINEZ	Last Closed Date	02/02/2009					
Occupation	STORE MANAGER	Loss Location	0002 - 2300 N. Texas, Fairfield, CA					
Litigation Flag	N		94533				320.91	

Claim #	393249	Part of Body	90 Multiple Body Parts		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822701	Injury	59 All Other	Medical	\$2,478	\$0	\$2,478	EMPLOYEE STATES: WAS LIFTING A BOX UP TO HER TABLE AND HER WRIST STARTED TO HURT.
Pol State & Inc Yr	2008 - CA	Accident	56 Lifting	Expense	\$0	\$0	\$0	
Claim Type	MEDICAL ONLY	Injury Date	02/06/2009 02:00PM	Total	\$2,478	\$0	\$2,478	
Claim Status	CLOSED	Reported Date	02/10/2009					
Claimant Name	ELSA RIVAS	Last Closed Date	05/22/2009					
Occupation	MISC. PRICER	Loss Location	0002 - 2300 N. Texas, Fairfield, CA					
Litigation Flag	N		94533				2,478.20	

Claim #	393426	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822701	Injury	52 Strain	Medical	\$346	\$0	\$346	EMPLOYEE WAS HELPING HER COWORKER LIFT A SOFA AND FELT PAIN IN HER BACK.
Pol State & Inc Yr	2008 - CA	Accident	56 Lifting	Expense	\$0	\$0	\$0	
Claim Type	MEDICAL ONLY	Injury Date	02/11/2009 10:30AM	Total	\$346	\$0	\$346	
Claim Status	CLOSED	Reported Date	02/11/2009					
Claimant Name	MIREYA HERNANDEZ	Last Closed Date	03/10/2009					
Occupation	FURNITURE PRICER	Loss Location	0007 - 2346 Florin Rd, Sacramento, CA					
Litigation Flag	N		95815				345.64	

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	393815	Part of Body	54 Lower Leg		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822701	Injury	40 Laceration	Medical	\$422	\$0	\$422	THE EMPLOYEE WAS PULLING A LARGE
Pol State & Inc Yr	2008 - CA	Accident	31 Slip Fall Trip NOC	Indemnity	\$586	\$0	\$586	CART AND SLIPPED ON SOME
Claim Type	INDEMNITY	Injury Date	02/13/2009	Expense	\$0	\$0	\$0	CARDBOARD.
Claim Status	CLOSED	Reported Date	02/17/2009	Total	\$1,008	\$0	\$1,008	
Claimant Name	JOSE CRISOSTOMO	Last Closed Date	05/14/2009					
Occupation	WAREHOUSE LABORER	Loss Location	0003 - 3274 Sonoma Blvd., Vallejo,					
Litigation Flag	N		CA 94590					
			1,008.00					

Claim #	397787	Part of Body	38 Shoulder(s)		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822701	Injury	52 Strain	Medical	\$1,980	\$0	\$1,980	EMPLOYEE STATES: WAS PUSHING A VERY
Pol State & Inc Yr	2008 - CA	Accident	57 Pushing or Pulling	Expense	\$0	\$0	\$0	LARGE CART OF FULL BOXES OF
Claim Type	MEDICAL ONLY	Injury Date	04/08/2009 02:00PM	Total	\$1,980	\$0	\$1,980	MISCELLANEOUS ITEMS, SHE FELT A PAIN
Claim Status	CLOSED	Reported Date	04/09/2009					IN HER RIGHT ARM.
Claimant Name	CAROLINA RUIZ	Last Closed Date	08/27/2009					
Occupation	MISC. PRICER	Loss Location	0002 - 2300 N. Texas, Fairfield, CA					
Litigation Flag	N		94533					
			1,980.14					

Claim #	398450	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822701	Injury	52 Strain	Medical	\$46,032	\$0	\$46,032	THE EMPLOYEE WAS REMOVING A BAG
Pol State & Inc Yr	2008 - CA	Accident	56 Lifting	Indemnity	\$16,414	\$0	\$16,414	FROM A CART OF DONATED ITEMS WHEN A
Claim Type	INDEMNITY	Injury Date	04/17/2009 08:15AM	Expense	\$1,317	\$0	\$1,317	BOX STARTED TO FALL. SHE TRIED TO
Claim Status	CLOSED	Reported Date	04/17/2009	Total	\$63,764	\$0	\$63,764	CATCH THE BOX AND FELT PAIN IN HER
Claimant Name	ANA REYES	Last Closed Date	07/28/2011					LOWER BACK.
Occupation	CASHIER	Loss Location	0001 - 521 Front St., Santa Cruz, CA					
Litigation Flag	Y		95060					
			63,764.05					

Claim #	399522	Part of Body	42 Low Back Area		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822701	Injury	52 Strain	Medical	\$1,250	\$0	\$1,250	THE EMPLOYEE WAS LIFTING A BALE OF
Pol State & Inc Yr	2008 - CA	Accident	56 Lifting	Expense	\$0	\$0	\$0	CLOTHES TO STACK IN THE CONTAINER.
Claim Type	MEDICAL ONLY	Injury Date	04/30/2009 10:30AM	Total	\$1,250	\$0	\$1,250	THE BALE TILTED TO THE RIGHT CAUSING
Claim Status	CLOSED	Reported Date	05/01/2009					THE EMPLOYEE TO FEEL A SHARP PAIN IN
Claimant Name	JORGE GONZALEZ	Last Closed Date	07/08/2009					HIS LOWER BACK.
Occupation	BACK UP	Loss Location	0005 - 1346 W. Main St, Merced, CA					
Litigation Flag	N		95340					
			1,250.01					

Loss Experience Report

Policies Incepting Between 5/1/2006 and 4/30/2016
Valued as of 4/30/2016

1217892 - UNIQUE RECYCLING CORPORATION OF CA [A CORP]

Claims Details

Claim #	399988	Part of Body	37 Thumb		Paid	Outstandin	Incurred	Accident Description:
Policy #	Z069822701	Injury	52 Strain	Medical	\$106	\$0	\$106	THE EMPLOYEE WAS TRYING TO LIFT A
Pol State & Inc Yr	2008 - CA	Accident	56 Lifting	Expense	\$18	\$0	\$18	HEAVY ROLL OF PAPER WITH ONE HAND.
Claim Type	MEDICAL ONLY	Injury Date	04/19/2009 05:00PM	Total	\$125	\$0	\$125	IT WAS TOO HEAVY AND SHE HURT HER
Claim Status	CLOSED	Reported Date	05/06/2009					THUMB.
Claimant Name	LILIA GARCIA	Last Closed Date	06/19/2009					
Occupation	NIGHT SUPERVISOR	Loss Location	0003 - 3274 Sonoma Blvd., Vallejo,					
Litigation Flag	N	CA 94590	124.55					

**United States Bankruptcy Court
Northern District of California**

In re **Unique Recycling Corporation of California**

Debtor(s)

Case No.

Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Diann Sorenson P. O. Box 360 Sonoma, CA 95476			100%

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Vice President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **May 31, 2016**

Signature **/s/ Tommy DeHennis**
Tommy DeHennis

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
Northern District of California**

In re **Unique Recycling Corporation of California**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Unique Recycling Corporation of California** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

**Diann Sorenson
P. O. Box 360
Sonoma, CA 95476**

☐ None [*Check if applicable*]

May 31, 2016

Date

/s/ Michael C. Fallon

Michael C. Fallon

Signature of Attorney or Litigant

Counsel for **Unique Recycling Corporation of California**

Fallon & Fallon

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